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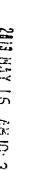
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H190001540303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: MODEL FREI	E PREI	DICTION	пс			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5084 NW 58TH STREET			Mailing address of limite			_
	GAINESVILLE, FL 32653						
	08/20/2018		L1800019	99287			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LEGALINC CORPORATE SERVICES INC.						
. (-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5237 SUMMERLIN COMMONS BLVD STE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:			
	WILLS MAN DINE STA	DDRE.S.	1			<u>123</u>	
	FORT MYERS , FL	33907			πβ • 3 • 29 • 20	2818 KA	•
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLÇ			15.3 15.3 15.3 15.3 15.3 15.3 15.3 15.3	1 18	
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress;		-24 ∫21 €2		T
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				STATE	Å::10:3	
	NEW Registered Office Address:				7-	æ	
	TALLAHASSEE ,FL	32301					
me char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial reauthorized by an affirmative vote of the members of less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization.	the regist bility cor the limi	ered office npany, it is ted liability	and the business of hereby confirmed to company or as other	fice of the	e registere	eđ
		JESS	ICA SCHO	LL, AUTHORIZED I	REPRES	ENTATIVI	Ε
	are of a member or authorized representative of a member			Printed or typed name of		, , , , , , , , , , , , , , , , , , ,	_
	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I hi in whiting of this change.	e to act i performa for in Ci ereby coi	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree uties, and I am fam: F.S. Or, if this doc he limited liability o	e to comp illar with ument is i company h	ly with th and acce being filed as been	e p! d
Signatur	e of Registered Agent						

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00