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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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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.

rioriua. loui	rney Florida LLC		
I. Name of the limited liability company: 3001			
_{2. (a)} 5059 NE 121 ST RD		(b) PO BOX 12	
Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS		illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
OXFORD, FL 34484	OXFORD	, FL 34484	
08/21/2018	L1800020	L18000200113	
3. Date of filing/registration in Florida	a 4. [Document number	
5. (a) NORTHWEST REGISTERED AGEN	NT LLC.		
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:		
7901 4th St N		(M)	
Registered Office Address (MUST BE FLORIDA	A STREET ADDRESS)	70.20 Hivi	
STE 300		7: 53	
St. Petersburg	_{.FL} 33702	C) (~)	
(b) Registered Agents Inc.	<u> </u>	7: 2	
Enter name of NEW Registered Agent and/or NEW	Registered Office address:	9	
7901 4th St N			
NEW Registered Office Address:			
STE 300			
St. Petersburg	. FL 33702		
If the limited liability company is not organized unthe change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the raticles of organization or the operating agreem Signature of a member or authorized representative of a mer	address of the registered office limited liability company, it is members of the limited liability tent of the limited liability company Riley Park	hereby confirmed that the change(s) company or as otherwise provided in	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and the obligations of my position as registered agent to merely reflect a change in the registered office a notified in writing of this change.	ent and agree to act in this capa I complete performance of my d as provided for in Chapter 605, address, I hereby confirm that to	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent