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Division of Corporations Fax Number ... (850)617-6383

Account Name: REGISTERED AGENTS INC. Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one entail address please."

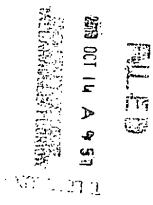
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LLC REGISTERED AGENT CHANGE **K2 PROPERTY SOLUTIONS, LLC**

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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.

a) 9 WEN	NDY ROAD	(b,	9 WEN	NDY ROAD
Pri	incipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SYO	SSET, NY 11791	- -	SYOSS	ET, NY 11791
11/06/1	18		L18000	260352
	Date of filing/registration in Florida	4.		Document number
a) UNITE	D STATES CORPORATION AGENTS	. INC.		
	Agent and Registered Office shown on the records of the	ne Fiorida	Dept. of Sta	le:
5575	S. SEMORAN BLVD			
	d Office Address (MUST BE FLORIDA STREET A	DDRESS .	<u> </u>	
Registered	•			
Registered SUITE				_
ORLA Regis	36	32822	?	
SUITE ORLA Regis Enter name	E 36 ANDO FL			
SUITE ORLA b) Regis Enter name 7901	Stered Agents Inc. e of NEW Registered Agent and/or NEW Registered of NEW Registered (NEW Reg			
SUITE ORLA b) Regis Enter name 7901	E 36 ANDO FL Stered Agents Inc. e of NEW Registered Agent and/or NEW Registered of Ath St N gistered Office Address:			2 2 2
SUITE ORLA Regis Enter name 7901 NEW Reg STE 3	Stered Agents Inc. e of NEW Registered Agent and/or NEW Registered of Ath St N gistered Office Address:		dr <u>ess</u> :	807 77
SUITE ORLA ORLA Regis Enter name 7901 NEW Reg STE 3 St. F de limited lia change or change	Stered Agents Inc. e of NEW Registered Agent and/or NEW Registered of Ath St N gistered Office Address:	33702 es of the the limited l	State of Fl stered offic ompany, it ited liabili	lorida, it is hereby confirmed that after and the business office of the regis is hereby confirmed that the change(sty company or as otherwise provided

- Assistant Secretary

Bill Havre

Signature of Registered Agent