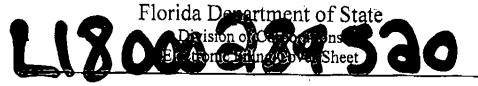
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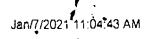
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

•	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 1600 SW 1 AVE				Mailing addres				r:
•					(Note: MA)	Y BE PO	<i>ST OFFIC</i>	E BOX	
•			16	00 SW	1 AVE				
,	MIAMI, FL 33129			MIAMI, FL 33129					
,	12-18-2018		Li8	000289	520				
- 3.	Date of filing/registration in Florida	- _{'4.}			Document :	number	-		
. /-\	UNITED STATES CORPORATION AGENTS INC								
5. (a) F	Registered Agent and Registered Office shown on the records of	the Flor	ida Dep	t. of Su	te:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u></u>			2021 JAN	
	5575 S SEMORAN BLVD SUITE 36				_		; ·	JA	-
	ORLANDO , FI	32822			_			1-7	r sec V
•		·			_		27	AM	'
(b) _	Enter name of NEW Registered Agent and/or NEW Registered				_				-
E	anter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addres	I:			, , , ,	9: 00	-25
	THE KLEIN GROUP CPA PA				_		-	0	
Ì	NEW Registered Office Address:				_				
,	2300 NW CORPORATE BLVD STE 112				_				
	BOCA RATON FI	33431							
				e Di	-		<i></i>	ata a Q a	
hance o	nited liability company is not organized under the lay or changes are made, the Florida street address of the	regist	ered of	ffice an	id the busine	ss offic	e of the r	egistere	ď
igent wi was/war	ill be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of	ability of the l	comps imited	my, it i liabilh	is hereby cor ty company (ifirmed or as oth	that the d herwise t	change(s rovided	i) .in
he artic	les of organization or the operating agreement of the	limite	d liabil	lity cor	npany.		•		
	00	<u> </u>	NDRE	A GOM			. 6 . 1		
-	re of a member of hindfortzed representative of a member				Printed or typ		•		,
provision he oblig la merer	y accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete gations of my position as registered agent as provide y reflect a change in the registered office address, I in writing of this change.	ree to a perfor d for it hereby	ict in to mance i Chap confli	his.cap of my oter 60: m that	actty. I furth duties, and l S. F.S. Or, ij the limited l	her agre am fan this do iability	ee to com niliar wit cument i company	iply with h and ac s being) has bee	the cept filed in

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

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