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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)214-8442

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED MABILITY 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. Na	me of the limited liability company:	ENTRA	L, LLC	<u> </u>	
	2701 CENTRAL AVENUE	(b)	2701 CEN	TRAL AVENUE	
2. (a) _	Principal office address of limited liability company: (Note; MUST BE STREET ADDRESS)	. (6).	Mailing	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ST. PETERSBURG, FL 33713		ST. PETER	SBURG, FL 33713	
	01/14/2019		L19000015	825	
3.	Date of filing/registration in Florida	4.	Docu	ment number	
5. (a)	HUNTER BUSINESS LAW				
J. (4)	Registered Agent and Registered Office shown on the records of the	e Florida D	ept, of State:		
	119 S. DAKOTA AVENUE				
	Registered Office Address MUST BE FLORIDA STREET AL	DRESS)			
				2022	
	TAMPA	33606	<u> </u>	HAY	
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered C)Mc• addi		-2 -2 -3 -3 -4	
	Effect marine of the wife registered Agent and or the registered	SILIES MANUE	*****	4 N	
	801 US Highway 1			57	
	NEW Registered Office Address:				
	North Palm Beach FL	33408	<u> </u>		
change agent was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of the S egistered pility con the limit imited lia	tate of Florida, office and the l ipany, it is here ed liability com bility company	by confirmed that the change(s) pany or as otherwise provided in	
	757 Odikini Edzer do			Attorney-in-Fact	
-	iture of a member or authorized representative of a member			ed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agre jons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I hi d in writing of this change.	e to act t performat for in Cl ereby cor	n this capacity. nce of my duties napter 605, F.S. nfirm that the lin	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been	
	sitlin Lazarus, Sp	ecial S	ecretary		

Signature of Registered Agent