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To:			
	Division of Corporations		
	Fax Number : (850)617-6383	-	
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From:		<i>:</i> ·	
	Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP		-
	Account Number : I19980000090	<u>.</u>	Ť
	Phone : (407)839-4200	, · ·	رن.
	Fax Number : (407)839-4264	i i	Ξ.
ar	the email address for this business entity to be used for f nnual report mailings. Enter only one email address please.** mail Address:	uture * -	
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LLC REGISTERED AGENT CHANGE GEL, LLC

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\$25.00

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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.

. (а)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BO							
	1200 S. Lenvitt Avenue	Į	1200 S. Leavitt Avenue					
	Orunge City, Florida 32763		Orange City, Florida 32763					
	2/4/2019		9000028669					
} ,	Date of filing/registration in Florida	— _{4.} –	Document number			– ,		
	B&C Corporate Services of Central Florida, Inc.					·		
i. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:							
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		14.5	.5.~	~- <u>-</u> -		
	390 North Orange Avenue, Suite 1400			-	<u>ي</u>			
	Orlando	FL 32801		•				
	Enter name of NEW Registered Agent and/or NEW Register							
	NEW Registered Office Address:							
	NEW Registered Office Address: 390 North Orange Avenue, Suite 1400							
	390 North Orange Avenue, Suite 1400	FL 32801						
chang agent	390 North Orange Avenue, Suite 1400	laws of the S the registered i liability com is of the limit the limited lia	office and the business office pany, it is hereby confirmed to the liability company or as oth bility company.	that the cha	inge(s)	ne		
chang agent was/w the ar	Orlando Orlando Orlando Innited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited that the case of a Florida limited the particle of the member of	laws of the S the registered i liability com is of the limit the limited lia	office and the business office pany, it is hereby confirmed to ed liability company or as oth	that the cha erwise pro	inge(s)	ne —		

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