Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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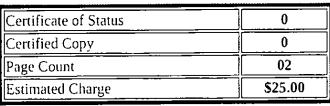
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for buture annual report mailings. Enter only one email address please.

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## LLC REGISTERED AGENT CHANGE CHESTNUT 401(K) ADMINISTRATORS, LLC



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Help

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

6

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

Eun	11111							_	
1.	Na	me of the limited liability company: CHE	ESTNUT	401	(K) ADMII	VISTRATORS	3, LL	.C	
2. (	a)	2385 NW EXECUTIVE CENTER DRIVE (b) 2385 N			<sub>b)</sub> 2385 NW	W EXECUTIVE CENTER DRIVE			
(	,	Principal office address of limited liability c (Note: MUST BE STREET ADDRE		- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		SUITE 100		_	SUITE :	100			
		BOCA RATON, FL 33431 UN		_	BOCA RA	ATON, FL 3343	1 UN		
		02/05/19			L19000035836				
3.		Date of filing/registration in Flori	da	4.		Document number			
5	(a)	KRISTIAN J CHESTNUT							
5.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2385 NW EXECUTIVE CENTER DRIVE				:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>S)</u>		=2	· ~	
	(b)	SUITE 100					FILE SECALIANT SECALIANT		
		BOCA RATON	, FL_	3343	1				
(		Registered Agents Inc.					0 P	FILEB	
,		Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		'901 4th St N				Feb. (F.		1:00	
		NEW Registered Office Address:							
		STE 300							
		St. Petersburg	, FL <u>`</u>	3370	2				
the age was	cha nt v :/we	imited liability company is not organized un inge or changes are made, the Florida street will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the cles of organization or the operating agreet	address of t a limited lial members of	the reg bility of the lii	istered office company, it is nited liability	and the business of hereby confirmed company or as other	office o that th	of the r ne char	registerec ige(s)
$\triangleright$		ilus tark.			ey Park				
Si	gna	of a member or authorized representative of a member				Printed or typed name of signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in spriting of this change.

- Assistant Secretary

Signature of Registered Agent

Bill Havre