Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	
	Fax Number : (850)617-6383	
From:	Account Name : LEGALINC CORPORATE SERVICES INC.	
	Account Number : I20180000011 Phone : (844)386-0178	
	Fax Number : (214)317-4754	
•	**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.**	2020 FEB
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To: 18506176363 From: 14693173436 Date: 02/26/20 Time: 5:51 PM Page: 02/02 (((H200000654723)))

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.

(b)	Mailing address of limited hability company	
Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)		
8507	85071 CHRISTIAN WAY 732	
ULEE, FL 32097 YULEE, F		
L1900	L19000062854	
4.	Document number	
of the Florida Dept (of State.	
		
<u>ET ADDRESS)</u>	262	
	2020 FEB	
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ered Office address	<u></u>	
)		
, FL, 33907		
e laws of the State the registered off d liability compa- ers of the limited the limited liabili	c of Florida, it is hereby confirmed that after fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided i ity company. RINE RENTAS Printed or typed name of signee	
	ET ADDRESS) FL 32822 Seed Office address The registered of diability compacts of the limited the limited the limited the limited to the same and the same area of the same area.	