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Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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From: M. BURR KEIM +

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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.

a)	10356 ORCHID RESERVE DR	(b) 10356 ORCHID RESERVE DR
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WEST PALM BEACH, FL 33412	WEST PALM BEACH, FL 33412
	04/15/2019	L19000102678
(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4. Document number
(")	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	
	JACKSONVILLE, FL.	32202 I Office address:
o) .	Registered Agents Inc	J Office address:
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	7901 4th St N STE 300	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	St. Petersburg	33702
ge t w we:	or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after to registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. PHILIP E GROSSMAN
<u>LL</u> nati	ure of a member or authorized representative of a member	Printed or typed name of signee
reb işiç	y accept the appointment is registered agent and agr ons of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acce and for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been

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

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Signature of Registered Agent