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To: Division of Corporations						
	Fax Number : (850)617-6383					
From:						
	Account Name : C T CORPORATIO	N SYSTEM				
	Account Number : FCA0000000023 Phone : (954)208-0845					
	Fax Number : (614)573-3996					
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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.

2. (a)		ረት	n)			
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE	timited liabil	ity company:
	40) E LAS OLAS BLVD 130386		401 E LAS	OLAS BEVD 1	30386	
	FORT LAUDERDALE, FL 33301 FORT LA			UDERDALE, FL 33301		
	05/30/2019		L190001368	<b>8</b> 54		
	Date of filing/registration in Florida	— 4.		Document num	nber	·······
(a)	Cook, Christopher					
. ( <del>n</del> )	Registered Agent and Registered Office shown on the records of	::	ক্ত	2023		
	Registered Office Address (MUST RE FLORIDA STREET) 401 E LAS OLAS BLVD 130386			1.427		
	FORT LAUDERDALE , F	L 33301			••	7 PM
(b)	C T Corporation System				*** * *	75. F
(0)	Enter name of NEW Registered Agent and/or NEW Registered		بسر ، ،	40		
	NDW No. 100 ALD					
	NEW Registered Office Address: 1200 South Pine Island Road					
	1200 Solan Fine Aland Road					
	Plantation, F	L_33324				
e char sent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim c limited t	stered office impany, it is ited liability	and the busine hereby confirm company or a	ss office o	f the registers e change(s)
Sienat	/s/ Chris Cook use of a member or authorized representative of a member	Cint	2 COOK	Printed or typed :	nune al sième	
hereb rovisio e obli mere	by accept the appointment as registered agent and agent of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as providing reflect a change in the registered office address, if in writing of this change.  CT Corporation System  CT Corporation System	gree to act e perform ed for in ( l hereby co	in this capa ance of my a Thapter 605, onfirm that t	ecity I further	curee to c	amply with th