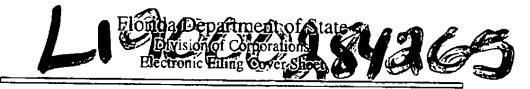
Division of Corporations

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Division of Corporations

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Account Number : 110432003053

Phone : (561)694-8107

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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.

L N	ame of the limited liability company: FL Pt LLC					
2. (a)	51 DEFOREST AVENUE	(b) 51 DEFOREST AVENUE				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUMMIT, NJ 07901		(0)	Mailing e	address of limited liability company: **MAY BE POST OFFICE BOX** 901	
	11/14/2019		I	.19000284265		-
3. 5. (a)	Date of filing/registration in Florida OWENS, JESSE S, JR. ESQ	4.	-		nent number	-
· (w)	Registered Agent and Registered Office shown on the records o 400 S. PALMETTO AVENUE	f the Flor	ida 1	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	35)		2020	
	DAYTONA BEACH , F	L_32114			2020 MAY	
(b)	Corporate Creations Network Inc.				1	
Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>(651)</u> :	PH	:	
	801 US Highway 1				- · · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:			· · · ·		
	North Palm Beach, Fi	L_33408				
agent was/we the artic	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registe lability of of the li limited	com com imit i lia	office and the bu pany, it is hereby ed liability compa bility company.	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in	
		1.a	ure	Underwood, Attor		
	ure of a member or authorized representative of a member				or typed name of signoc	
I heret provisi the obli to mere notified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	ree to a perform d for in hereby	ct in man Ch con	n this capacity. I j ce of my duties, a apter 605, F.S. O firm that the limit	further agree to comply with t and I am familiar with and acc Or, if this document is being fil ted liability company has been	he ept ed
	Lauren Underwood, Special Secretary					
Signam	e of Registered Agent					