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JAN - 7 2020

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)		IOLDIN						
\- 7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(p)	Mailing add	lress of limited Hab	ility com	pany:	
	13922 58th Street North		(Note: MAY BE POST OFFICE BOX) 13922 58th Street North					
	Clearwater, FL 33760		Clea	irwater, FL 3376	50			
	12/19/2019 offective 1/1/2020		7 2000	00001451				
(a)	Date of filing/registration in Florida	 4.			t number		· <u>-</u>	
	Registered Agent and Registered Office shown on the records of Julie B. Rutenberg Registered Office Address (MUST BE FLORIDA STREET			of State:	SECF TAI	ر 20 20 ر		
	13922 58th Street North	33760	-		ECRETARY OF ST TALLAHASSEE, I	JAN -6		
b) _	Steven R. Rutcaberg				SSE	곡		
	Enter name of NEW Registered Agent and/or NEW Registered	Office no	ldress:		STATE E, FL	9: 29		
i	NEW Registered Office Address:							
	, FL	<u> </u>						
were	ited liability company is not organized under the law rehanges are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of so organization or the aperating agreement of the limited liab and organization or the aperating agreement of the limited liability.	bility con the limi imited li	State of doffice mpany, ited liability of ability of ab	Florida, it is he and the busines it is hereby confilty company company.	croby confirmed ss office of the firmed that the or as otherwise	i that aff registen change(provider	ler the ed (s) d in	
e:urc	of a member or authorized representative of a member	Steve	en R. Rui	tenberg, MGR				
a has	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete partions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	t to act t erforma for in Ci	in this co nee of in hapter 6	Printed or typ apacity, I furth by duties, and I i05, F.S. Or, if	ed nume of signed ter agree to can am familiar wit this document i	iply will in and a s being	h the	

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

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