Florida Department of State

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Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 11 4th St N STE 300 Petersburg FL 33702 12 10 10 10 10 10 10 10 10 10 10 10 10 10
(Note: MAY BE POST OFFICE BOX) O1 4th St N STE 300 Petersburg FL 33702
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of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. ark Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept a 605, F.S. Or, if this document is being filed that the limited liability company has been
) i

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent