Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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gistered agent and i proper and compli- ered agent as provi ered office address	ete performance ided for in Chap , I herchy confu	his capacity. I further agree to comply with the of my duties, and I am familiar with and acceptive 605, F.S. Or, if this document is being filed m that the limited liability company has been
	of a Florida limited vote of the member ating agreement of a member gistered agent and a proper and completered agent as provered office address	of a Florida limited liability compared of the members of the limited liability agreement of a member agree to act in the proper and complete performance tered agent as provided for in Chaptered office address, I hereby confinered office address, I hereby confinered office address, I hereby confinered of the members of the liability agreement agreement of the limited liability agreement of the limi