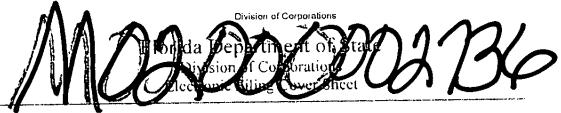
1/17/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000207993)))



H180000207993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

RECEIVED

JAN 1 7 2018

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

		_
Email	Address:	
		٠

## LLC REGISTERED AGENT CHANGE ASENTINEL, LLC

and the same of the property of the same o

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

o:

## 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.

1.	Na	une of the limited liability company: ASENTINEL, LI	.C				
2.		Principal office address of limited liability company: (Note: MUST'BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		6410 Poplar Avenue, Suite 200		PO Box 17723			
		Memphis, TN 38119		Memphis, TN 38187-0723			
		10/16/2002		102000002736			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of BUSINESS FILINGS INCORPORATED  Registered Office Address (MUST BE FLORIDA STREET)  1200 South Pine Island Road	. <u>.</u>	Dept. of State:			
		Plantation F	33324				
	٠						
		Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System  NEW Registered Office Address:	<del></del>	9.			
•		1200 South Pine Island Road	<del> </del>				
		Plantation, F	L_33324				
tl a	he ch gent vas/w he ar	limited liability company is not organized under the linange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	liability co of the lim	mpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in applications.			
-	6:25	Rose Waring		Printed or typed name of signee .			
r I I r By:	I her provi the old to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complebligations of my position as registered agent as provide the proper and complement of the registered office address, and in writing of this change.		in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been			
	Spann	ture of Registered Agent James M. Halpin, Asst. Secretar					
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314						

FILING FEE: \$25.00