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9/23/2016

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.

)	(b)	Mailing address of limited liability company:
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
501 E. CAMINO REAL	\$01 E. C	CAMINO REAL
BOCA RATON, FL 33432	BOCA	RATON, FL 33432
12/18/2003	M030000	04231
Date of filing/registration in Florida	4.	Document number
a)		
Registered Agent and Registered Office shown on the record	s of the Florida Dept. of St	tato:
NRAI Services, Inc.		
Registered Office Address (MUST BE FLORIDA STRE	BT ADDRESS)	SEP SEP
1200 South Pine Island Road		
Plantation	33324	ومعيد والمتحرومي
Plantation,	FL	
)		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	
C T Corporation System		(D) (O) (O) (O) (O) (O) (O) (O) (O) (O) (O
NEW Registered Office Address:		-
1200 South Pine Island Road		<u>-</u>
Plantation	FL_33324	
		_
limited liability company is not organized under the tange or changes are made, the Florida street address	of the registered offi	ce and the business office of the registere
will be identical. Or, in the case of a Florida limited	l liability company, it	is hereby confirmed that the change(s)
will be identical. Or, in the case of a Florida limited were authorized by an aftirmative vote of the member ticles of organization or the guerating agreement of t	rs of the limited hability co	my company or as otherwise provided in impany.
77 (// /	Eddie Woods	
ature of a member of authorized representative of a member seby accept the appointment as registered agent and stions of all statutes relative to the proper and completions of my position as registered agent as provingly reflect a change in the registered office address, at in writing of this change.	***************************************	Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)

By