## M0400001573

(Re	equestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	#)					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(50	isiness Entity Nam	ie)					
(Document Number)							
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77 SEP 24 (2 ) 1 20

## 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.

	ame of the limited liability company:	41.5	(b) 301 E. LAS OLAS BLVD.				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limit	ed liability		
	#210		#21	0			
	FT. LAUDERDALE, FL. 33301		FT.	LAUDERDALE, FL	. 33301		
	APRIL 23, 2004	ħ	/040	000001573	7.7		
3.	Date of filing/registration in Florida	4.		Document number		1	
e /-	CORPORATION SERVICE COMPANY				-:]		
5. (a	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. o	of State:	c C		
	1201 HAYS STREET				J	• •	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				••	
	· -				225		
	TALLAHASSEE FI	32301				·	
	STEVEN W DEUTSCH ESO						
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ress</u> :	<del></del>			
	1875 NW CORPORATE BLVD.						
	NEW Registered Office Address:			<del></del>			
	SUITE 100						
	BOCA RATON , FI	33431					
the chagent was/v	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regist lability cor of the limi c limited li	ered npan ted li abilit	office and the business by, it is hereby confirmed ability company or as of by company.	office of that the herwise	the registered change(s) provided in	
<del>(</del>	theren / (und	10	30 19	Printed or typed nam	( <u> </u>	<i>)</i>	
I her provi. the ol to me	ature of a member or authorized representative of a member  by accept the appointment as registered agent and age  sions of all statutes relative to the proper and complete  ligations of my position as registered agent as provide  rely reflect a change in the registered office address, l	ree to act	in thi	is capacity. I further am	ree to co	mply with the	
notifi	ed in writing of this change.						