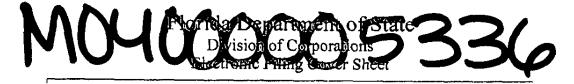
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9/23/2016 10:45:11 AM From: To: 8506176383(2/2)

STÀTEMENT 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.

2. (a) 	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	501 E CAMINO REAL	501	E CAMINO REAL
	BOCA RATON, FL 33432	ВО	CA RATON, FL 33432
	12/06/2004	M04	000005336
3.	Date of filing/registration in Florida	4.	Document number
5. (a	· }		
. ,	Registered Agent and Registered Office shown on the records of	The Florida Dept.	of State:
	NRAI Services, Inc.		
	Registered Office Address (MUST BE FLORIDA STREET 1200 South Pine Island Road	ADDRESS)	
	Plantation	33324	
		<u> </u>	× (2)
(b)			· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	5 ² 17
	C T Corporation System		PH 12: 25 AM
	NEW Registered Office Address:		
	1200 South Pine Island Road		<u> </u>
	Plantation , FI	33324	
the chagent was/w the art Signi I here provis the obtoner	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of the members of icles of the members of the description of the description of a member of authorized representative of a member ob accept the appointment as registered agent and age is not of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, I am a member of this change. Angel Shearet and I am a complete of the proper and	ws of the State f the registered ability compar of the limited l limited liabili Eddie Woo	office and the business office of the registered by, it is hereby confirmed that the change(s) is billity company or as otherwise provided in the company. Dods Printed or typed name of signee

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

INHS18 (2/14)