4/23/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Account Number : FCA000000023 : (514)280-3338 Phone Fax Number : (954)208-0845

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

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LLC REGISTERED AGENT CHANGE PAI SERVICES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGEN OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.6114 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.

l. (a)	11215 North Community House Rd Principal office address of finited liability company:	(b)	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 800		
	Charlotte, NC 28277		
	07/E4/2005 M05000003		00003895
	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records o CORPORATION SERVICE COMPANY	f the Florida Dept. c	of State:
	Registered Office Address	"ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE .F		5
			震 音
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	C T Corporation System		
	NEW Registered Office Address:		<u> </u>
	1200 South Pine Island Road		₹1. / .
	Plantation , F	L 33324	
ie cha: gent w as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o rill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members elector amount affirmative operating agreement of the	I the registered (iability company of the limited li	office and the business office of the register, it is hereby confirmed that the change(s) ability company or as otherwise provided it
16		Dave Daws	
**	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisio e obli mere	ry accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to act in this e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with i my duties, and I am familiar with and act is 605, F.S. Or, if this document is being ti that the limited liability company has bee
	progration System - Nathan Giffin, Assistant Secretar		