M0800001556

(Requ	uestor's Name)				
(Addr	ess)				
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(City/	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Fi	ling Officer:				

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 1053-65 7801635

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: April 15, 2016

ORDER TIME : 2:34 PM

ORDER NO. : 105165-005

CUSTOMER NO: 7801635

CHANGE OF AGENT

NAME: CORPORATE BROKERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations			
Corporate Brokers, LLC SUBJECT:			
	ne of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing	
Please return all correspondence concerning th	is matter to the	following:	
Alissa Gruetter			
Name of Person		<u> </u>	
Corporate Brokers, LLC			
Firm/Company			
170 Jennifer Road, Suite 230			
Address			
Annapolis, MD 21401			
City/State and Zip Code			
agruetter@corporatebrokers.com			
E-mail address: (to be used for future ann	ual report noti	fication)	20 A
For further information concerning this matter.	please call:		2016 APR 15 SECRETARY FALLAHASSE
Alissa Gruetter	410 at (573-9831	ARY ASSE
Name of Person		Area Code & Daytime Tele	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	D: 35 STATE ORIOA
Enclosed is a check for the following	amount:		
□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Cop	У
INHS18 (2/14)			

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	me of the limited liability company: Corporate Broke	ers, LLC				
2.	(a)	170 Jennifer Road Principal office address of limited liability company:	(b)	Mailing address of limited	-	
		(<i>Note: MUST BE STREET ADDRESS</i>) Suite 230	×		(Note: MAY BE POS	<u>r offici</u>	<u>E BOX</u>)
		Annapolis, MD 21401	_				
,		03/31/2008		M0800000			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Business Filing, Inc.					
		Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRFSS	<u> </u>			
		•	DDRESS	1			
		1200 South Pine Island Road					
		Plantation , FL	33324				
	(b)	Corporation Service Company			TX:ss	20	
	` / -	Enter name of NEW Registered Agent and/or NEW Registered (Office ado	dress:		2016 APR	u stance manual
					CRETA	PR	-
		1201 Hays Street			SSE	15	
		NEW Registered Office Address:			me Ev	บ รูว	
			-		N N N N N N N N N N N N N N N N N N N	w	
		Tallahassee .FL	32301)	\sim	
the age was	char nt w s/wer	mited liability company is not organized under the law age or changes are made, the Florida street address of a ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	the regis bility co f the lim imited l	stered office impany, it is ited liability	and the business of hereby confirmed the company or as other	fice of the hat the c	he registered hange(s)
S	gnati	re of a member or authorized representative of a member		**************************************	Printed or typed name of	f signee	
pro the to n not	visič obliz nere ified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The of Registered Agent Corporation Service Company	ee to act performa for in C ereby co BY:	ance of mŷ a Chapter 605 Infirm that i Meli	icity. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c ssa Zender ice President	e to com liar with ument is company	ply with the h and accept s being filed has been
		Division of Corporations • P.O. B	ox 6327				

FILING FEE: \$25.00