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## LLC REGISTERED AGENT CHANGE THE DRAKE GROUP OF INDIANA L.L.C.

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12/21/2015 8:54:10 AM From: To: 8506176383( 2/3 )

## 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.	Name of the limited liability company:	THE DRAKE GROUP OF INDIANA L.L.C.	

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2. (a)		(	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2202 N. WESTSHORE BLVD, #200	<b>`</b>	I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2202 N. WESTSHOKE BEVD. #200		2202 N. W	ESTSHORE BLVD. #200
	TAMPA, FL 33607		TAMPA, I	L 33607
	05/04/2009		M09000001	689
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	DUSHACK, JEFFREY T.			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2202 N. WESTSHORE BLVD #200			. · ·
	TAMPA , FI	L_33607	·	
(b)	C T Corporation System			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office at	<u>idress</u> :	PHI2: 42
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, FI	33324		
the cha agent w was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regi iability c of the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Jeffrey T. Dushac				
	ure of a member or authorized representative of a member			Printed or typed name of signee
ву:	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. portion System to of Registered Agent	ree to ac perform d for in the hereby c	t in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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