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Account#: I20000000088

Date:	3/28/2018		, 1000 di 11 1200000000000
Name:	Chris Vick		
Reference #:	C021704		
		AN ASSOCIATES, L.L.C	<u>.</u>
Articles of	Incorporation/Authoria	zation to Transact Busines	SS
Amendme	ent		
Change o	f Agent		
Reinstater	ment		
Conversion	on		
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Authorized Amount

Signature: _

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INFINITUS PLAZA, 1274 FL
 HONG YONG
 4852,3975,1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

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

Pursuant to the provisions of sections 605.0114, 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: PALM AN	D SHERIDAN ASSOC	CIATES, L.L.C.
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 1765 MERRIMAN ROAD	
	AKRON, OH 44313	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1765 MERRIMAN ROAL	D
	AKRON, OH 44313	
September 16, 2009	M09000003662	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florid	la Dept. of State:
Registered Agent:	CT Corporation Sy	ste ^A
Registered Office Address:	1200 South Pine Island R	
	Plantation, FL 33324	(A) -
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office ac	idess of
<u>NEW</u> Registered Agent:	COGENCY GLOBAL	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun S	t., Suite 4
MOST BE TEORIDA OTREET ADDRESS	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company (s/ Alan Sponseller	e Florida street address of the case of th	a Florida limited y an affirmative vote of
Signature of a member or authorized representative of a member	<u></u>	
Alan Sponseller		
Printed or typed name of signee	_ 	
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capa proper and complete perf position as registered age merely reflect a change in pany has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office or this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00