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TO:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Boston, MA 02108
One Bescon Street \$1700
Boston, MA 02108
M1000004104
4. Document number
on the records of the Florida Dept. of State;
Steven B. Greanhut
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE FL 32207
VEW Registered Office address: AAA CT Corporation System
CT Corporation System
1200 South Pine Island Road
Plantation ,EL 3324

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of no position as registered agent agent as position and complete performance of my duties, and I am familiar with and accept the obligations of no position as registered agent and agent and complete performance of my duties, and I am familiar with and accept the obligations of no position as registered agent as position in the registered of in Chapter 508, F.S. Or. If this document is being filed to merely reflect a change in the registered of lice address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

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By: