## AN From Th: 850A176194 (1) 3 7 6 5 age 1 of 1

## Florida Department of State

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## LLC REGISTERED AGENT CHANGE RELIANT MANAGEMENT GROUP, LLC

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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 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.

. (a)	5212 Village Creek Drive, Plano, TX 75093  Principal office address of fireled liability company: (Note: NIUST BE STREET ADDRESS)	(b)	Mailing address of limited (Netr. MAY BE POST	
	<b>68/05/2011</b>	MIIO	00003965	
•	Date of filing/registration in Florida	4.	Document number	
. (a)	Paracorp Incorporated			
	Registered Agent and Registered Office shown on the records of	of the Florida Dept	of State:	
	Registered Office Address (AUST BE FLORIDA STREET	TADPRESSI	<del></del> -	12 m
	236 East 6th Avenue			U
	Tallahassee	L 32303	<del></del>	20 Z
			<del></del>	@ 
(b)	C T Corporation System		<del></del>	1
	Enter name of NEW Registered Agent, and/or NEW Realister	ed Office address:		-14
				9: 27 FARE FOR
	NEW Registered Office Address:		<del></del>	27 100
	1200 South Pine Island Rend			
	Plantation	: <sub>1.</sub> 33324		
ne chi geni ras/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compan s of the limited li se limited liability	office and the business off y, it is hereby confirmed the inbility company or as other	ice of the registered not the change(s) rwise provided in
here rovis ne ob mer otifle	by accept the appointment as registered agent and a complete of all stanties relative to the proper and completing at the registered agent as provided in the registered affice address, at the properties of this change.  Minoralion System  Mi	gree to act in the le performance d led for in Chapt I hereby confirm	is capacity. I further agree of pty duties, and I am Jami er 605, F.S. Or, If this doct a that the limited Hability c	

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

INHS18 (2/14)