## MODOUTEO

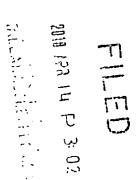
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



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05/14/18--01020--007 \*\*25.00





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 10, 2018

Order#: 192661-037

Re: REA VENTURES GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

| 2. (a)                       | 2964 Peachtree R  | oad NW   |   | (b)  |   |
|------------------------------|---|--|---|--|---|
| • • •                        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 200   |  |   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|                              |   |  |   |  |   |
|                              | M11   | 1000004780   |   |  |   |
|                              | 3.  | Date of fil  | ling/registration i                                       | n Florida  | 4.  |
| 5. (a)                       | C T Corporation   | n System   |   |  |   |
| ·· (-)                       | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |  |   |  |   |
|                              | 1200 South Pine Island Road   |  |   |  |   |
|                              | Registered Office Address (MUST BE FLORIDA STREET AL  |  |   | ADDRESS)   |   |
|                              |   |  |   |  |   |
|                              | <del></del>   |  |   |  |   |
|                              | Plantation  |  | , F   | L33324   |   |
|                              |   |  |   |  | U   |
| (b)                          |   |  |   |  |   |
|                              | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :   |  |   |  | 02  |
|                              | 1201 Hays Street  |  |   |  |   |
|                              | NEW Registered Office Address:  |  |   |  |   |
|                              |   |  |   |  |   |
|                              |   |  |   |  |   |
|                              | Tallahassee   |  | , F   | L <u>32301</u>   |   |
| the cha<br>agent v<br>was/wa | ange or changes are will be identical. On ere authorized by articles of organization  | made, the Florid<br>r, in the case of a<br>affirmative vote                        | a street address o<br>Florida limited l<br>of the members | f the registered<br>iability compan<br>of the limited li                   | of Florida, it is hereby confirmed that after office and the business office of the registere by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.                          |
|                              | Jel E. Whi  |  |   | Jill Cilmi,  | Authorized Person   |
| l herei<br>provisi<br>he obl | ture of a member or auth<br>by accept the appoil<br>ions of all statutes r<br>ligations of my positions<br>ely reflect a change<br>kirr writing of this | ntment as registe<br>elative to the pro<br>tion as registered<br>in the registered | red agent and ag  | ree to act in thi<br>e performance o<br>ed for in Chapto<br>hereby confirm | Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been |
|                              |   |  |   |  |   |

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