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NAME:

EAST STOREMART GLADIOLUS, LLC

TYPE OF FILING: CHANGE OF AGENT

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25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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.

| • | | |
|--|--|----------------|
| Name of the limited liability company: EAST STOR | ESMART GLADIOLUS, LLC | |
| (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | 7: 7777 NW Beacon Square Boulevard | |
| (Note: MOST BE STREET ADDRESS) | Boca Raton, FL 33487 | |
| (b) Mailing address of limited liability company: | 7777 NW Beacon Square Boulevard | |
| (Note: MAY BE POST OFFICE BOX) | Boca Raton, FL 33487 | |
| December 1, 2011 | M11000006037 | |
| 3. Date of filing/registration in Florida | 4. Document number | . - |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of States | |
| Registered Agent: | C T Corporation System | |
| Registered Office Address: | 1200 South Pine Island Road | > F |
| | Plantation, FL 33324 | 300 |
| | | 2: 32 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | W Registered Office address: | 2 |
| NEW Registered Agent: | National Corporate Research, Ltd., Inc. | |
| NEW Registered Office Address: | 155 Office Plaza Drive | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Frinted or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of am familiar with and accept the obligations of my positions, I have by confirm that the limited liability company | was/were authorized by an affirmative vose provided in the articles of organization | ote of or |
| Sen Hora | rely reflect a change in the registered office has been notified in writing of this change | ce ge, |
| Signature of Registered Agent Sean Honan, Assistant Secreta | rv | |

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

INHS18 (12/13)