miacocconi

(R	equestor's Name)					
(A	ddress)					
(A)	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

Office Use Only



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S MASON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: November 19, 2015

Order#: 876849-004

Re: AXIOM PROFESSIONALS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

1. 1	Name of the limited liability company: AXIOM PROFE	SSIONALS LLC				
2. (a) 4840 West Panther Creek Drive Suite 106	(b)				
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	THE WOODLANDS T> 77381					
	02/07/2012	M12000	0000741			
3.	Date of filing/registration in Florida	4.	Document nu	ımber		
5 (n) NRAI SERVICES, INC.					
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dent of Si	 tate:			
	_					
	1200 SOUTH PINE ISLAND ROAD	4 D D D EGG				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>				
	PLANTATION ,FL	33324				
				, .	23	
(b	· · · · · · · · · · · · · · · · · · ·			Ş	235	: ar [ar
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		- 10 - 10	2915 NOV	extracters
	1201 Hays Street			NAY YAY	23	
	NEW Registered Office Address:		: <u>{</u>	0F STA	Ö Ö	Ö
				RESERVED TATE	59	
	Tallahassee , FL	32301	.;)		
If the	limited liability company is not organized under the law	us of the State of I	Florido itio borr	_		- d 4h-4 - G
the cl agent was/v	named hadrify company is not organized under the law name or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered offi ability company, in if the limited liabil	ice and the busing t is hereby conficient or the company or the co	ness o	ffice o that th	f the registered e change(s)
		Dona Priebe.	Authorized Pers	son		
Sign	raure of a member of authorized representative of a member	Printed or typed name of signee			e	
provi the oi to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	nertarmance at m	n duties and La	ım tan	niliar v	uith and accent
Sign	bre of Registered Agent Corneration Services Company	BV: Sylvia Ou	annet Acct Vi	ca Dra	osido»	+