## M1200000 4845

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



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmesl@cscinfo.com

Date: September 4, 2014

Order#: 230102-065

Re: VERIFICATION, 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 Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Holmes

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.

OUCA.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)		(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)
	1562 Park Lane South, Suite 500		2005 S.	Easton Road, Suite 208
	Jupiter, FL 33458	_	Doylesto	own, PA 18901
	8/24/2012	_	M120000	004845
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the			_
	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of Stat	te:
	Bonaduce, Emil Pres			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		
	1562 Park Lane South, Suite 500			
	Jupiter , FL_	33458		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ess:	- 9: 32
	Corporation Service Company			
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee , FL_	32301		_
the cha agent v was/we the arti Signa I herei provisi the obl	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the latter of a member authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regist bility core the limited lia	ered officenpany, it is dead liability con the contract of the	te and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed of typed name of signee pacity. I further agree to comply with the

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President