

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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10/1/2015

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)	2000 Chapel View Blvd #360, Cranston, RI 02920 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BQX)
	12/10/2012	M1200	0006881
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number
- (u)	Registered Agent and Registered Office shown on the records 1201 HAYS STREET, TALLAHASSEE, FL 32301	of the Plorida Dept. of	Sinte:
	Registered Office Address (MUST BE PLORIDA STREE	T ADDRESS)	2815
	,1	PL	
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Register	ad Office address:	— — — — — — — — — — — — — — — — — — —
	NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation , I	FL_33324	
he cha gent v vas/we	mited 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 cles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
'	by accept the appointment as registered agent and a consol all statules relative to the proper and complete gations of all statules relative to the proper and complete gations of my position as registered agent as providing relative a change in the registered of a change in the registered of the change in the change. Assistant Secretary Assistant Secretary and the change in th	gree to act in this te performance of ted for in Chapter Lereby confirm to	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, FS. Or, if this document is being filed hat the limited liability company has been

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