Mi13000001505

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
(6)	ndSkete Zim IDle om			
(Cil	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300290107143

09/15/16--01017--002 **625.00

TO VET TO MILE 5

SEP 1 9 2016 Y SULKER

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.

(a)		(b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3/08/2013	M13	000001505
	Date of filing/registration in Florida	— _{4.} ——	Document number
	IF Leon		
(a	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	4200 West Flagler Street, Suite 2123		
	Miami	33134	
		L	
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
			ASS
	NEW Registered Office Address:		
	700 Universe Blvd.		
	Juno Beach , F	_L _33408	
the	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	of the registered liability compant of the limited li	office and the business office of the registe by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
ent as/w		144 0	t Seeley
ent as/w e art	5	W. Scot	· ·
ent as/w e art		VV. SCOT	Printed or typed name of signee

Signature of Registered Agent