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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

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LLC REGISTERED AGENT CHANGE BKB GLOBAL, LLC

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10/20/2015 12:39:47 PM From: To: 8506176383(2/2)

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. N	ame of the limited liability company:	LLC		······································
2. (a)	2260 E. IMPERIAL HIGHWAY	(t) <u> </u>	me
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	EL SEGUNDO, CA 90245			
	· · ·	_		
	8/1/2013		M130000048	322
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
5. (a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET			:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u>5)</u>	
	TALLAHASSEE	32301		15 (SECi TALL/
(b)	C T Corporation System			OCT 20
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
		<u>.</u>	<u> </u>	
	NEW Registered Office Address:			RAIL 38
	1200 South Pine Island Road			2>
	Plantation, FL	33324		
the ch agent was/w	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 li- vere authorized by an affirmative role of the members of ticles of organization or the projecting agreement of the	f the regi ability co of the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	4/~	Jeni	nifer Kurz, Ma	
	ature of a member or authorized representative of a member		_	Printed or typed name of signee
I here provis the ob to men	eby accept the appointment as registered agent and ag sions of all statutes religive to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address. I	ree to ac perform d for in hereby c	t in this capa ance of my a Chapter 605, onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
nouµ	ed in writing of this change. Alfred You			
Signat	ure of Alegistered Agent Assistant Se	creta	ary	
	Division of Cornorations• P.O.		•	see, FL 32314

FILING FEE: \$25.00