Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC REGISTERED AGENT CHANGE 4300 ATOLL COURT LLC

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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.

| I. Na | ime of the limited liability company: 4300 Atoll Cou | urt LL | C | |
|--|--|--|--|--|
| 2. (a) | 5118 N. 56TH STREET | | b) 5118 i | N. 56TH STREET |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - ` | <u></u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | TAMPA, FL 33610 | - | TAMP | A, FL 33610 |
| | 08/05/2013 | | M130000 | 004897 |
| 3. 5. (a) | Date of filing/registration in Florida CORPORATION SERVICE COMPANY | 4. | | Document number |
| z. (w) | Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET | | | te: |
| | Registered Office Address (MUST BE FLORIDA STREET A. | | | , |
| | TALLAHASSEE , FL | 32301 | | - 6 |
| (b) | Corporate Creations Network Inc. | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered (| Mice pr | idress: | |
| | 11380 Prosperity Farms Road #221E | | | EE. F. |
| | NEW Registered Office Address: | | | 18 M 21 M 8: 52 |
| | Palm Beach Gardens, FL 3 | 33410 |) | |
| igent w vas/we | mited liability company is not organized under the law- inge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the li | he regi pility c | istered offic ompany, it i pited liabilit | e and the business office of the registered s hereby confirmed that the change(s) |
| | Colluit | Ca | rlos M Alv | arez, Attorney-in-Fact |
| | ite of a fixtiber or authorized representative of a member | | | Printed or typed name of signee |
| l nereb Provisio he obli o mere lotified | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | e to ac erform for in e ereby c | t in this cap lance of my Chapter 60: onfirm that | acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| | Carlos M. Alvarez, Speci | ial Sec | retary | |
| ~iBionen (| Division of Corporations P.O. Bo | | | ssee, FL 32314 |

INHS18 (2/14)