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Corporate Filing Menu

• 5/22/2015 1:06:28 PM From: To: 8506176380(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.

2. (a)	2325 B. Carnelback Road, Suite 1100 Phoenix, AZ 85016	(b) ²³²	25 B. Camelback Road, Suite 1100
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Pho	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) cenix, AZ 85016
	09/19/2013 Date of filing/registration in Florida	M136	Document number
. (a)	Corporation Service Company	ho Plasido Flore	of Plants
	Registered Agent and Registered Office shown on the records of t 1201 Hays Street	ne rionua Depi.	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	15 MAY 22 M SECONDIANASSEE, F
	Tallahassee FL	32301	W 22 I
(b)	C T Corporation System		SEE SEE
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		<u></u>
	Plantation FL	33324	
he cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Of it the case of a Florida limited lia are authorized by eligifirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compar f the limited l limited liabili	I office and the business office of the registered ny, it is hereby confirmed that the change(s) lability company or as otherwise provided in ity company.
Ciona	ture of a member or authorized representative of a member		turz, Managor
herel rovisione obli mere olifico	by accept like oppointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The profession System	te to act in the performance I for in Chapt ereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
	processor system /	Alf	Tea Younan
y:	e of gegistered / geg/t	A = - 8 · ·	tant Secretary

FILING FEE: \$25.00

INHSt8 (2/14)