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(((H190003648193)))



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Division of Corporations

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From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)385-0178 : (214)317-4754 Fax Number

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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.

2. (a)		(b)		
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)	
	6328 MONARCH PARK PLACE SUITE 100		6328 MONARCH PARK PLACE SUITE 100	
	NIWOT, CO 80503		NIWOT, CO 80503	
	03-25-2014	N	M14000002156	
3.	Date of filing/registration in Florida	4.	Document number	
5 (2)				
ا. (۵)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	of the Florida l	Dept of State.	
	Registered Office Address (MUST BE FLORIDA STREE			
	1201 HAYS ST.			
	TALLAHASSEE, I	L 32301	DEC 18	
				-
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	<u> </u>	Ţ
		<u>-</u>		
	LEGALING CORPORATE SERVICES INC.			
	NEW Registered Office Address			
	5237 SUMMERLIN COMMONS BLVD. SUITE 400		<u>.</u>	
	FORT MYERS, I			
chang agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the S ne registered liability con s of the limit ne limited lia	d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided.	;)
Sign	Andrew T. Pillari ature of a member or authorized representative of a member		Printed or typed name of signee	•
I here provis the ob	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet ligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this allunge.	gree to act i le performa led for in Cl l hereby con	in this capacity. I further agree to comply with ince of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being f infirm that the limited liability company has bee	the cept iled n
Smart	ure of Registered Agents		(((H19000364819 3)))	

FILING FEE: \$25.00