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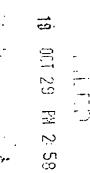
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O SIMMONS NOV 1 3 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Attain LLC						
	Nar	Name of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.				
Please i	return all correspondence concerning th	nis matter to the	following:				
Thoma	as A Petroske						
	Name of Person						
Attain	LLC						
	Firm/Company		-				
1600	Tysons BLVD STE 1400						
-	Address		_				
McLea	an, VA. 22102						
	City/State and Zip Code	···	_				
financ	e@attain.com						
E-	-mail address: (to be used for future and	nual report notif	ication)				
For furt	her information concerning this matter	, please call:					
Thoma	as A Petroske	703	857-2182				
	Name of Person	\	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy				

, 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.

1 107 101	Attain LLC				
 Na (a) 	ame of the limited liability company: Attain LEO 1600 Tysons BLVE STE 1400	(b) 1600 Tysons BLVE STE 1400			
<u>د.</u> (a)	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)	
	McLean, VA. 22102	_	McL	_ean, VA. 22102	
	April 2, 2014		 MI40	000002265	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Corporation Service Compan				
J. (a)	Registered Agent and Registered Office shown on the records of t	of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	18	
	Tallahassee, FL	3230		77 29	
(b)	Jien Marasigan			S	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr <u>ess</u> :	<i>i-</i> ;	
	2550 Citris Towe BLVD			٠. ٠.٠	
	NEW Registered Office Address:			 -	
	Apt 9205 Mailbox 169				
	Clermont , FL	34711			
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg bility of the lif limited	istered compan nited li liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notifice	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to ac perfori l for in ereby	et in thie nance of Chapte confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent