

M14000003539

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 1200300000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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LLC REGISTERED AGENT CHANGE WIZARD GROUP LLC

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MAY 04 2016
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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.

1. Name of the limited liability company: WIZARD GROUP LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4307 Vineland Rd, Suite H-12
Orlando, FL 32811

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4307 Vineland Rd, Suite H-12
Orlando, FL 32811

3. 05-23-2014 4. M14000003539
Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

GLUCKMAN, KENNETH S

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1079 W MORSE BLVD, SUITE C

Winter Park FL 32789

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agents Inc.

NEW Registered Office Address:

3030 N. Rocky Point Dr., STE 150A

Tampa FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Bill Havre, Assistant Secretary of Registered Agents Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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