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SECRETARY OF STATE

D. BRUCE 2016

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. N	ame of the fimiled flability company:									
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _.	800 E	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Greenville, SC 29601		-	Greenv	ville, SC 2960	01				
	07/18/2014		M	114000	005107					
 (a) 	Date of filing/registration in Florida NRAI SERVICES, INC.	4.			Document nu	amber				
J. (u)	Registered Agent and Registered Office shown on the records o 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET)			ept. of Sta	tte:					
	PLANTATION , F	3332 L_	4		_	TAL	201			
(b)	InCorp Services, Inc.					ECRETAS) LLAHASSI	2016 1104 21	T		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	addre	<u>85</u> :		ASS ASS	2	5		
	17888 67th Court North						_ ס			
	NEW Registered Office Address:					OF STATE E, FLORIDA	P 4: 06			
	Loxahatchee, FI	3347	0	······						
the chargent was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability of of the li	gister comp mite	red offic pany, it i d liabilit	ee and the busing is hereby confinity ty company or	ness office of the comment of the co	of the r ne chan	egistered		
	/ Um	CI	hris	Sorens	sen, authoriz	ed repres	entat	ive		
_	ture of a mornber or authorized representative of a member			_	Printed or typed	-				
provisi he obl o merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I i in priting of this change.	: nerfori	mana	e of mv	duties, ånd I a	m familiar	with ar	id accent		
Signatur	Jackie DeFilippis for I	nCorp .	Serv	ices, In	ıc.					
	Division of Cornerations P ()	Roy 637	77-	Tallaha	eeno El 3721 <i>A</i>	1				

FILING FEE: \$25.00

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