## M1400005339

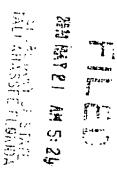
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WH 21. MARRIS

## 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. N	lame of the limited liability company: NewField	ls Companie	es, LLC		
2. (a)	1349 W. Peachtree Street	<u> </u>	`		
( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b <sub>,</sub>	) <del></del>	Mailing address	of limited liability company: BE POST OFFICE BOX
	Suite 2000		same as	principal	<u> </u>
	Atlanta, GA 30309				
	07/28/2014		M140000	05339	
3.	Date of filing/registration in Florida	<u>'</u>	11170000	Document n	
5. (a)	Northwest Registered Agent 11.0	** ***	<i>~</i> , ,	,	umoer
5. (a)	3030 N. Rocky Point Drive	ds of the Florida	Dept. of State	<b>:</b> :	
	Registered Office Address  (MUST BE FLORIDA STREE  Suite 150A	EET ADDRESS)	—— ·— <u>-</u>		
	Tampa	<sub>FL</sub> 33607	<del></del>		
(b)		.,			ACT TO PRINT
• •	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	resy:		~
	Cogency Global Inc.				رة الله الله الله الله الله الله الله الل
	NEW Registered Office Address:				10.A
	115 North Calhoun Street, Suite 4	<del> </del>			
	Tallahassee	, <sub>FL</sub> 32301			
agent w was/we he artic	mited liability company is not organized under the nige or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	ed liability con ers of the limit the limited lia	npany, it is ed liability ibility com	hereby confi	ness office of the registere rmed that the change(s) as otherwise provided in

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