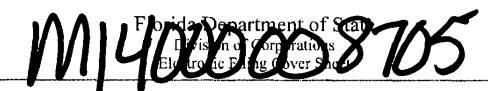
10/5/2016

Division of Corporations



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Division of Corporations

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Requesting Original filing date after speaking with Cathy at the state. Filings didn't go through. Was filed on 10-3-16, thank you.

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE OCT 21 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.

. (a)	Principal office address of limited liability company:	(b)		
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Nate: MAY BE POST OFFICE BOX)		
	225 NE MIZNER BLVD STE 200	BOCA RATON EL 33432		
	BOCA RATON, FL 33432			
	12/5/2014	M14	1000008705	
	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATIONS COMPANION OF MILANT			
, ,,,,	Registered Agent and Registered Office shown on the records of	the Florida Dept	L of State:	
	525 OKEECHOBEF BLVD. SUITE 1100 AJM			
	Registered Office Address	ADORESS)	7	
			15 21 21 C	
	WEST PALM BEACH FI			
	P.	·	O and	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		in the second second	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	T U	
	C T Corporation System		SEE FLORIDA	
	NEW Registered Office Address:		3.4	
	1200 South Pine Island Road			
	Plantation F1	33324		
ie chai gent w as/we ie artic	mited liability company is not organized under the lange or changes are made, the Florida street address of sill be identical. Or, in the case of a Florida limited hiere authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the Stat fille registere ability compa of the limited limited liabil	c of Florida, it is hereby confirmed that after dolline and the business office of the registany, it is hereby confirmed that the change(s) liability company or as otherwise provided lity company.	
	ure of a member of authorized representative of a member	Todd J. A	Printed or typed name of signee	
-	ov accept the appointment as registered agent and agreement of all statutes relative to the proper and complete ignitions of my position as registered agent as provide ity reflect a change in the registered office address. I fames M. I ames M. I	ree to a c t in the performance of for in Chap	7.	