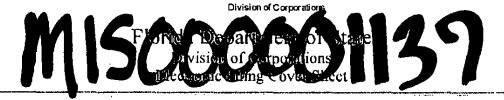
12/13/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003049593)))



H160003049593ABC4

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:
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SECRETARY OF STATE

LLC REGISTERED AGENT CHANGE POST SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

D. SCOTT DEC 1 4 2016

± € S		,
TO: Registration Section Division of Corporations	COVER LETTER	
POST SERVICES, LLC SUBJECT:		
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filling.	
Please return all correspondence concerning this ma	atter to the following:	
, -	•	
•		
Name of Person		
Firm/Company		
·		
		ı
Address	LAST E)
	SSA T	-
City/State and Zip Code		-
		ë E
E-mail address: (to be used for future annual re	report notification)	<u>-</u>
For further information concerning this matter, pleas	ase call:	
,		
Name of Person	t () Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Taliahassee, Florida 32314	
Enclosed is a check for the following amount		
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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)		of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				of limited liability company: BE POST OFFICE BOX)	
	4401 NORTHSIDE PKWY, STE. 800		4	401 NORTHSIDE PKW		
ATLANTA, GA 30327			-	ATLANTA, GA 30327		
	2/3/2015		~	15000001137		
	Date of filing/registration in Florida	- 4.	IVI	15000001137		
•	Date of himpregistration in Florida	4.		Document nu	mber	
. (a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC	the Flori	da Do	opt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)			
	1200 SOUTH PINE ISLAND ROAD			•	7 5 6	
	PLANTATION, FI	33324			三	
	•					
(b)	Enter name of NEW Registered Agent and/or NEW Registered				and w in	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office i	ddre:	iā :		
	C T Corporation System				िन् ५	
	NEW Registered Office Address:				를 도	
	1200 South Pine Island Road			·	*	
	Plantation , FL	33324				
e cha gent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the the regability of the literature.	ister comp mite	ed office and the busing any, it is hereby confit I liability company or a	ess office of the registere med that the change(s)	
/	Velexie Relan	Me	lissa	Nolan		
	ure of a member or authorized representative of a member			Printed or typed		
hereb ovisio	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ty reflect a change in the registered office address, I in writing of this change. Kristin	ee to ac perform	et in nanc	this capacity. I further e of my duties, and I ai nter 605 F.S. Or if it	agree to comply with the m familiar with and accep	

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