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	Account Number : 1 Phone : (	CRPORATE CREATIONS INT 10432003053 561)694-8107 561)594-1639	ERNATIONAL INC. 18
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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: 3211 Semoran LLC

2. (a)	5118 N. 56TH STREET	(b) 5118 N. 56TH STREET	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	TAMPA, FL 33610		TAMPA, FL 33610
	05/05/2015	i	M15000003450
3. 5. (a)	Date of filing/registration to Florida CORPORATION SERVICE COMPANY	- 4	Document number
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ,	ADDRESS)	
	TALLAHASSEE, FL	32301	
(b)	Corporate Creations Network Inc.		Series &
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	57 Tests:
	11380 Prosperity Farms Road #221E		
	NEW Registered Office Address:		
	Palm Beach Gardens	33410	
ne cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the fill of the strength o	the registe bility con f the limit limited lia	red office and the business office of the registered wany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signau	are of a member or authorized representative of a member		Printed or typed name of signed
I hereb provisio he obli o mere totified	y accept the appointment as registered agent and agreed of a statutes relative to the proper and complete is gations of my position as registered agent as provided by reflect a charge in the registered office address. I have the writing of this charge.	ee to act in performan for in Ch ereby con	a this amount of fourther and the same to a state of a
	c of Registered Agent		
	Division of Corporations• P.O. B	ox 6327•	Tallahassee, FL 32314

FILING FEE: \$25,00

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