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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000090023 Phone: (614)230-3338 Fax Number: (954)200 0045

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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.

(a)	(b)								
(4)	Principal office address of finited hability company: (Note: MUST HE STREET ADDRESS)	Mailing address of timited liability company:  (Note: MAYBE POST OFFICE BOX)							
	1920 Main Street, Suite 1200		1920 Main	Street, Suite	1260				
	fryme, CA 92614		January CA 02614						
	05/07/2015	_	MI	1500000356	0				
	Date of filing/registration in Florida	4.		Document	-				
(n)	CORPORATION SERVICE COMPANY								
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET								
	Registered Office Address (MUST BE FLORIDA STREET	•							
	TALLAHASSEE	32301 L		- •	100	2019			
	C.T. Corporation System				-	ر <del>ن</del> ی ۱			
	Enter name of NEW Registered Agent and/or NEW Registere	_			111				
	1200 South Pine Island Road		- 5	T #	آ				
	NEW Registered Office Address:			•	c 303 34	. <u>ឆ</u> ភា			
	Plantation Fi			-					
cha ent v s we arti	mited hability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited late authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the S f the regist inbility cor of the limited li-	State of Flo ered office upany, it is ted liability	orida, it is he and the bus shereby company company company.	iness o firmed	ffice of the chat the c	he register hunge(s)		
ມີຂອງລ	time of a member or full prized representative of a member			Printed or typ	ed กลาเก	of signed			
erei ovisi obl ngre	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complete tigations of my position as registered agent as provid by reflect a change in the registered office address. I I in writing of this change Assisticly Yoldey, Assi Scot	gree to act 2 performa ed for in C. Thereby co.	in this cap nee of my hapter 603 nfirm that	acity. I furti duties, énd l 5. F.S. Or, it the limited l	er agra am fan this do ability	ee to com niliar wit cument is company	ply with the hand access being file has been		