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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	•				
Liberty Conshor, LLC SUBJECT:	Liberty Conshor, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Walter K. McDonough					
Name of Person					
Liberty Conshor, LLC					
Firm/Company					
1100 Park Central Blvd. South, Suite 1	1400				
• Address					
Pompano Beach, FL 33064					
City/State and Zip Code					
wmcdonough@libertycs.com	./				
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
Walter K. McDonough	617 719-7240				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	g amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

* 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	ame of the limited liability company: Liberty Con			
2. (a)	Principal office address of limited liability company:	(b)	Malling the transfer
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1100 Central Blvd. South, Suite 1400	
	17102 Alico Center Road, Suite 2			
	Fort Myers, FL 33967		Pompa	no Beach, FL 33064
	07/10/2015		M15000	005451
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Juan Diaz			
(-,	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of Sta	tte:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>	_
•	West Palm Beach, FL	33409)	
- (b)	Walter McDonough			
(0)	Enter name of NEW Registered Agent and/or NEW Registered O		ddress:	
				A G
	NEW D			- 50
	NEW Registered Office Address:			* O
	1100 Central Blvd. South, Suite 1400		· · ·	_
	Pompano Beach	_{FL} 33064		
signa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a const of all statutes relative to the proper and completingations of my position as registered agent as provided in writing of this allowed.	of the reg liability c s of the lir he limited	istered office ompany, it mited liability con alter McDo	ee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Donough Printed or typed name of signee

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

Signature of Registered Agent