2019

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SEP 03 2019

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

1. Na	me of the limited liability company:	ANDE LLC			
2. (a)	4890 W KENNEDY BLVD., STE 240	(b) 48	(b) 4890 W KENNEDY BLVD., STE 240 Mailing address of limited liabil.		
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (//	Mailing address of limited (Note: MAY BE POST	liability compar OFFICE BOX	ay:)
	TAMPA, FL 33609	_ <u> </u>	MPA, FL 33609		
	07/15/2015	M1:	5000005544		
3. 5. (a)	Date of filing/registration in Florida LUBECK, JOSEPH G	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dep	ot, of State:		
	Registered Office Address (MUST BE FLORIDA STREET A 825 PARKWAY STREET, SUITE 4		l	2019 AUG	
	JUPITER , FL	33477		-	G 30
(b)	C T Corporation System			*	
(0)	Enter name of NEW Registered Agent and/or NEW Registered			in the second se	<u> </u> :3
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation FL	33324			
the chagent	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp of the limited limited liab	early, it is hereby confirmed the liability company or as othe lility company.	rat the chang	ge(s)
Sinn	sture of a member or a managed representative of a member	James N	Printed or typed name o	Esignee	
I here provis the ob- to men	the property of a second control of the property of the complete states of all states of the proper and complete ligations of the position as registered agent as providerely reflect a change in the registered office address, I had in writing of this change. CT Corporation System Mike Jones, Asst. Secy	ce to act in performand d for in Cha hereby conf	• •	-	vith the d accept ng filed been

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

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