TO	T8506176383	From: 14691	3173436 Date	: 02/18/20	Time:	10:53	AM Page	: 01/02
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10.	Division of Corporations			
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	Account Number : 120180000011		- m H	
	Phone : (844)386-0178			
	fax Number : (214)317-4754		T :	
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To: 18506176383 From: 14693173436 Date: 02/18/20 Time: 10:53 AM Page: 02/02

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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))		
	Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)	ny	Mailing address of limited hability compan (<u>Note: MAY BE POST OFFICE BON</u>)		
	1200 N Federal Hwy 200		1200 N Federal Hwy 200		
	Boca Raton, FL 33432		Boca Raton, FL 33-	432	
	07/30/2015		M15000006002		
	Date of filing/registration in Florida	4.	Docum	ent number	
	Util Auditors LLC Registered Office Address <u>(MUST BE FLORIDA ST</u> 1200 N Federal Hwy 200 Boca Raton	<u>CREET ADDRESS</u>		2020 FEB 18 AM 10: 23 SECRETARY AND STATE TALL AND STATE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> LEGALINC CORPORATE SERVICES INC.	gistered Office ad	dress		
	<u>NEW</u> Registered Office Address 5237 SUMMERLIN CONMONS BLVD. SUITE 400				

If the limited liability company is not organized under the laws of the State of Fiorida, it is hereby committed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

pristopher Panucci

Christopher Panucci

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

TIM 1011 Signature of Registered Agent-

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

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