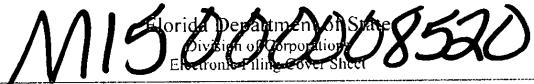
12/22/2017

Division of Corporations



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Division of Corporations

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Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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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.

4ARA,LLC
(b) Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
_5295SCOMMERCEDRSUITE100
MURRAY,UT84107
M15000008520
4. Document number
of the Florida Dept. of State.
ET ADDRESS)
FL 32301-2678 6 E 2
FL 32301-267S 6 E
1/2
red Office address:
red Office address: α
red Office address:
y -
FL_33324
laws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided in the limited liability company. StephanicBoehm Printed or typed name of signee
Files of the state

Division of Corporations P.O. Box 6327 Tallahassee, FL 3231-FILING FEE: \$25.00