To: Page 2 of 4 2122023573 From: Kimberly Laughrey

Division of Corporations

1/4/2018

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000005826 3)))



H180000058263ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

1	Address:			
CMALL	AUUFESS:			_

## LLC REGISTERED AGENT CHANGE 8281 MERRILL ROAD C, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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JAN - 5 2018

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#### COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	8281 MERRILL ROAD C; LLC			
		e of Limited	f Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.	
Please retu	m all correspondence concerning thi	s matter to t	he following:	
			.1	
Daniel Ruse	the ·			
	Name of Person			
	Firm/Company		<del></del>	
2112 E. Fou	urth Street., Ste 230			
	Address	······································		
Santa Ana,	CA 92705		•	
	City/State and Zip Code		<del></del>	
d.rusche@ti	npre.com		ħ,	
E-ma	il address: (to be used for future ann	ual report n	otification)	
For further	information concerning this matter,	please call:		
Daniel Rusc	the	951 at (	445-9160	
	Name of Person		Area Core & Daytime Telephone Number	
ST	REET/COURIER:ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations			Registration Section	
		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
	llahassee, Florida 32301		Tallanassee, Florida 52514	
En	closed is a check for the following	amount:		
0	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	
INHS18 (2/	14)			

. ....

#### 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 offer or registered agent, or both, in the State of Florida.

(n)	110 SE 6th Sc Suite 1700 Fort Lauderdate, FL-33301	<b>(L</b> )	(b) 2112 E Fourth Santa Ana, CA 92705					
(u)	Principal office eddress of limited liability company:  (Note: MUST BE STREET ADDRESS)	(1)		•	ess of limited liability company:  Y BE POST OFFICE BOX			
	11/16/2015			00009174				
	Date of filing/registration in Florida	4.		Document number				
(a)			<del></del>					
	Registered Agent and Registered Office shown on the records of	the Florida!	Dept. of State	::				
	Holloway, Mark			•	·	8		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					ئے		
	1200 SOUTH PINE ISLAND ROAD				-	JAN		
	PLANTATION , FL	33324	~,			<u>_</u>	1	
			7		•	至		
(b)	linter name of NEW Registered Agent and/or NEW Registered	d Office add			:: •	ڢ		
	Table Hand of Party Stephenson Control of the State of th	a collect and	: <del>- 21</del> ,			. 27		
	NRAI Services, Inc.					~		
	NEW Registered Office Address:							
	1200 South Pine Island Road							
	Plantation . FI	33324						
	mited liability company is not organized under the la nge or changes are made, the Florida street address of	f the regist lability cor	ered.office npany, it is	orida, it is hereby co and the business of hereby confirmed company or as oth	titice of t	he regi change	stere (s)	

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