## M1500009877

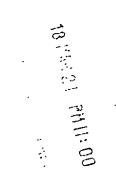
•	(Requestor's Name)					
	(Address)					
	(Address)					
,	(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL					
	(Business Entity Name)					
1	(Document Number)					
•	Certified Copies Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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03/21/18--01012--065 \*\*25.00



J. LEGGETT MAR 2 2 2018

## 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.

l.	Na	ame of the limited liability company: 2500 SPR	INGDALE L	.LC		
2.	(a)			(b) _		
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		5118 N 56TH STREET	<del>_</del>		PO BOX 311029	
		TAMPA, FL 33610			TAMPA, FL 33680	
		12/10/2015			M15000009877	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
		Registered Agent and Registered Office shown on the record	•			
		MCINTYRE, RICHARD J, ESQ.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  501 EAST KENNEDY BLVD. SUITE 1900				
					. 63	
		ТАМРА	_, FL <u>336</u>	602		
	(b)	Corporation Service Company			FK-11: 00	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>				
		1201 Hays Street				
		NEW Registered Office Address:			<del></del>	
		Tallahassee	_, FL <u>323</u>	01		
the ag	cha ent v is/we	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the re ted liability bers of the l	gister comp imited	ered office and the business office of the registe npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided i	red
/5	S/ A	LBERTO DE ALEJO	Α	Iberto	to De Alejo, Authorized Person	
- 5	Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
pre the to no	ovisi e obl mere tified	by accept the appointment as registered agent and coms of all statutes relative to the proper and comfigations of my position as registered agent as properties of the properties of the registered office address of this change.	pleie perfor ovided for i ss. I hereby	manc n Cha confi	nce of my duties, and I am familiar with and accumpter 605, F.S. Or, if this document is being fiftim that the limited liability company has been	he epi led i
Si	gnatu	re of Registered Agent Corporation Service Compa	any BY:	Grac	ice E. Kirby, Asst. Vice President	