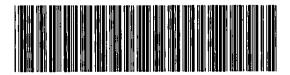
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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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16 NOV -7 PM 12: 12 DIVISION OF CORPCRATIONS

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.

1.	Na	me of the limited liability company:	S3 LAND INVES	STMENTS, LL	<u>c</u>
2.	(a)	3801 Kennett Pike, Suite C200 Principal office address of limited lie (Note: MUST BE STREET A	• • •	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Greenville DE	19807		
2		01/27/2016			600000704
3.		Date of filing/registration in	Florida	4.	Document number
	(a)	CT Corporation System			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		1200 South Pine Island Road			<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			16 NOV -7 PM 12: 12 DIVISION OF CORPORATIONS
		Plantation	, FL_	33324	-7 PM OF CORP
	(b)	Corporation Service Company			PN 12: 12
	. , .	Enter name of NEW Registered Agent and/	or <u>NEW Registered (</u>	Office address:	
		1201 Hays Street			ਲ -
		NEW Registered Office Address:			
		Tallahaanaa		00004	
		Tallahassee	, FL_	32301	ANTO-COLOR COLOR
the age wa	chai ent w s/wee	nge or changes are made, the Florida ill be identical. Or, in the case of a least the case of a least the case of a least the operating a second or the operating a	street address of t Florida limited liab of the members of	he registered bility compan the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
		Xel C. Whee		Jill Cilmi, A	Authorized Person
I h pro the to i not	ereb visič obli nere ified	The of a member or authorized representative of a member or authorized representative of all statutes relative to the proposations of my position as registered of the writing of this change.	ed agent and agre er and complete p agént as provided office address, I he	performance of for in Chapte ereby confirm	Printed or typed name of signee s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
218	natur	e of Registered Agent Corporation Serv	nce Company	BY: Grace l	E. Kirby, Asst. Vice President

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