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To:

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)	14499NDALEMABRYHWY,STE201	(b)	14499NDALEMABRYHWY,STE201		
Principal office address of limited liability con (Note: MUST BE STREET ADDRESS			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA,FL33618-2071		TAMPA,FL33618-2071		
	03/25/2016	M	116000002518		
	Date of filing/registration in Florida	- 4.	Document number		
(a)	Branca, Michael				
(11)	Registered Agent and Registered Office shown on the records of 14499NDALEMABRYHWY,STE201	t'the Florida Do	Dept. of State:		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	(ADDRESS)			
	TAMPA, F	L_33618-2071	<u> </u>		
(b)	CTCorporationSystem		PALLAHAR MAR		
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office addre	12		
	NEW Registered Office Address:				
	1200SouthPinelslandRoad		M 3: 52		
	Plantation	7L 33324			
se chagent vas/was/was/was/was/was/was/was/was/was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the first of a member of a member authorized representative of a member thy accept the appointment as registered agent and a figure of all stantes relative to the proper and complete	of the registe liability com s of the limite te limited lia Stephe	ppany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided ability company. Printed or typed name of signee		
ie obi nero oritie	by accept the appointment as registered agent and a time of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change. OrporationSystem for the figure of the change.	ded for in Ch I hereby con	haptér 605, F.S. Or, if this document is being fl nfirm that the limited liability company has bee		

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