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EXAMINER

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Help

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)		((b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				ddress of limited liability company: MAY BE POST OFFICE BOX			
	420 ACORN LANE		420 ACO	RN LANE				
	DOWNINGTOWN, PA 19335		DOWNIN	IGTOWN, PA 1933	5		-	
	04/26/2016		M1600000	3411				
3 .	Date of filing/registration in Florida	4.		Document numb	per			
5. (a)	Registered Agent and Registered Office shown on the records o			_				
	Registered Agent and Registered Office shown on the records of GUROY, JOHN F. III PA	if the Flori	da Dept, of Sta	te:		22		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	' <u>-</u> ,	=		
	1695 METROPOLITAN CIRCLE, SUITE 2					DEC		
	TALLAHASSEE	L_32308		_	Jane Dawn OF STATE AMASSIE, FLORID	20	{	
					700	A		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	-	ORATE	<u>.</u>	ال ا	
	C T Corporation System				.	~		
	NEW Registered Office Address:	•						
	1200 South Pine Island Road			_				
	Plantation, F	L_33324	<u> </u>	_				
he cha igent v was/wa he arti	imited liability company is not organized under the lainge or changes are made, the Florida street address evill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the feet that it is the feet the limited the limited	ne State of Fl gistered offic company, it mited liabili I liability co	te and the busines is hereby confirm ty company or as mpany.	s office o ed that th otherwis	of the re ne chan	egisterec gc(s)	
mer	ture of a member or authorized representative of a member	Aį	mes Broszcza	k-Authorized Person Printed or typed name of signee				
_					_			
I here	by accept the appointment as registered agent and a fons of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address. I	grev to a le perfor	ret in this cap mance of my	editiv. I further a Eduties, and Lam	igree 10 C lamiliar	viin an	wun ine daccep	

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

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