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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

1. N	ame of the limited liability company: 2490 Conway	LLC	
2. (a)	5118 N. 56TH STREET	(b) 5118 N. 56TH STREET	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33610	TAMPA, FL 33610	
	05/02/2016	M1600003586	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	CORPORATION SERVICE COMPANY		
	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	be Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	TALLAHASSEE	DDRESS) 32301	
(b)	Corporate Creations Network Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	
	11380 Prosperity Farms Road #221E	AUP	
	NEW Registered Office Address:		
	Palm Beach Gardens	33410	
agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab	s of the State of Florida, it is hereby confirmed that after he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company.	
Signat	The set of a security of and a security of a security of a	Carlos M Alvarez, Attorney-in-Fact	
	are of a methic or authorized representative of a member y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po gations of my position as registered agent as provided j by reflect actionage mother registered office address, I her in worth of this change.	Printed or typed name of signee e to act in this capacity. I further agree to comply with the erformance of my duites, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed preby confirm that the limited liability company has been	
Signature	Carlos M. Alvarez, Spe	ectal Secretary	

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