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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 office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company:	С		
(a)	9200 WORTHINGTON ROAD	(9200 WOR	ATHINGTON ROAD
, <i>,</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 210		SUITE 210	·
	WESTERVILLE, OH 43082		WESTERV	7ILLE, OH 43082
	08/09/2016		M160000063	340
	Date of filing/registration in Florida	4.		Document number
(a)	Incorp Services, Inc.			
1,	Registered Agent and Registered Office shown on the record	s of the Floric	a Dept, of State	
	3458 Lakeshore Drive			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>\$7</u>	
	Tallahassee	. FL 32312		
		, 1° L.,		
(b)	C T Corporation System			
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office at	<u>idress</u> :	, ,
	NEW Devictored (Wine Address)			
	<u>NEW</u> Registered Office Address: 1200 South Pine Island Road			
				· · · · ·
	Plantation	FI 33324		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

h	han (mg)	Jessica Crowley		
Signature		horized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

By: C	T Corporation System	Son Chevra . O

Signature of Registered Agent SEANL, EMERICK, ASSISTANT SECRETARY

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