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LLC REGISTERED AGENT CHANGE SCIENCE FIRST LLC

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K. SALY APR 27 2017

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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.

1. Name of the limited liability company: SCIENCE FIRST	LLC	
2. (a)	(b)	
Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	_	Mailing oddress of limited liability company: (Note: MAY BE POST OFFICE BOX)
86475 GENE LASSERRE BOULEVARD		CHOIR MAY BE FOST OFFICE BUA
YULFE, FL 32034		apatan ura Materia da 1 ₈ 00/pp
10/03/16	M16000007	7878
Date of filing/registration in Florida MARK EIDEMUELLER	4. 'e/	Document number
Registered Agem and Registered Office shown on the records of the 301 SE OCEAN BOULEVARD	ne Florida Dept of Stat	PR 2
Registered Office Address (MUST BE FLORIDA STREET A. SUITE 202	DDRESSI.	6 A SEE.
STUART	34994	FLO STA
F12_		REF. S
Enter name of NEW Registered Agent and/or NEW Registered (Mce address:	
CT Corporation System	······································	_
NEW Registered Office Address. 1200-South Pine Island Road		
1200 North File Israel Korti		
Plantation F1	33324	
If the limited liability company is not organized under the law the change or changes are made, the Elorida street address of a agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization of the operating agreement of the fi	he registered office pility company, it is the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Jan May	LAWRENCE I. SHAGRIN	
Signature of a member or authorized begresentative of a member		Printed or typed name of signee, .
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete pine obligations of my position as registered agent as provided to merely reflect a change in the registered office address, the notified in writing of this change. CT Corporation System Angle Signature of Registered Agent Secretary	e to act in this cap erformance of my for in Chapter 603 ereby confirm that	acity. I further agree to comply with the dulies, and I am familiar with and accept 5. F.S. Or, if this document is being fled the limited liability company has been

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

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