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## LLC REGISTERED AGENT CHANGE ONE FL FORT MYERS HIE MANAGEMENT LLC

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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.

I. Na	ome of the limited liability company: ONE,FL Fort	Myera JHE N	agagement LLC
2 (a)		(b	
<b>-</b> . (u),	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	810-925 WEST GEORGIA STREETer		810-925 WEST GEORGIA STREET
	VANCOUVER, BC V6C 3L2 CA		VANCOUVER, BC V6C 3L2 CA
	10/05/2016	/2016 M16000007956	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(,	Registered Agent and Registered Office shown on the record PARACORP INCORPORATED	s of the Florida	Dept. of State:
	Registered Office Address GMUST BE FLORIDA STRE.	ET ADDRESS	<del> </del>
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		至
	TALLAHASSEE	FL_32301	FILED P
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ititive ≝.	2 P D
	Enter name of SEW Registered Agent and/or SEW Register	ered Office and	<u> </u>
	C T Corporation System		· 一
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	El 33324	
he cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	laws of the s of the regis d liability co rs of the lim the limited	State of Florida, it is hereby confirmed that after stered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
	ne Zachritz ture of a member or authorized representative of a member	Jane	Printed or typed name of signee
_	by accept the appointment as registered agent and ions of all statutes relative to the proper and comply attentions of my position as registered agent as provely reflect a change in the registered affice address d in writing of this change.	agree to act lefe perform vided for in ( x, I hereby co	
(1	Will Hold		
	re of Registered Agent Michele Holden, Asst. Secre		

Division of Corporations P.O. Box 63276 Tallahassee, FL 32314 FILING FEE: \$25.00