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(((H170002605143)))



H170002605143ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES INC

Account Number : 12C16CCC0048
Phone : (8C0)345-4647
Fax Number : (8CC)432-3622

Enter the email address for this business entity to be used for furne annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE NATIONAL DOCUMENT SERVICES, LLC

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(H17000260514 3)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursue submit	nt to the provisions of sections 605.0114 or 605 s the following statement in order to change i	5.0116. Florida Statutes, the undersigned limited Bability company its registered office or registered agent, or both, in the State of	
Florid		NAL DOCUMENT SERVICES, LLC	
l. Na	ne of the Limited Liability Company:		
2. (a)	500 Redlands Ct., Ste. 211	(b)	
	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	Owings Mills, MD 21117		
	10/27/2016	<u>M16000008639</u>	
3.	Dute of filing/registration in Florida	4. Document number	
5. (a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of State:	
	1201 Hays Street		
	Remistered Office Address (MUST BE FLORIDA SI	TREET ADDRESS)	
	Tallahassee	,FL 32301 ===	
		Sign	
(ъ	Capitol Corporate Services, Inc.		
\	Enter name of NEW Registered Agent and/or NEW Re	FL 32301	,
	0.151	· 1	玄
	515 East Park Avenue 2nd FI		جي
	NEVY Registered Office Address:	∵.	5
			•
	·	20204	
	Tallahassee	, FL_ 32301	
the cl	nange or changes are made, the riorida street add	r the laws of the State of Florida, it is hereby confirmed that after dress of the registered office and the business office of the registered mitted liability company, it is hereby confirmed that the change(s) makers of the limited liability company or as otherwise provided in at of the limited liability company.	
- Kig	nature of a member or authorized representative of a month	Printed or typed name of signee CEO	
I her provi the o to me notifi	eby accept the appointment as registered agent sions of all statutes relative to the proper and as properties of my position as registered agent as prefy reflect a change in the registered office ad- ted in writing of this change.	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed dress. I hereby confirm that the limited liability company has been	
LU	Claric Casic	Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.	
Signi		•	
	Division of Corporations FII	e P.O. Box 6327 • Tallahassee, FL 32314 LING FEE: \$25.00	

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