

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE PRODUCT MANAGEMENT LLC

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

Physiciant to the provisions of sections 605.01.14 or 605.01.16. 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 Nama of	lame of the limited liability company: PRODUCT MANAGEMENT LLC				
260	01 Baysbore Drive Suite 1700		(b)	260! Bayshore Drive Suite 1700	
<u>د. (۵)</u>	Principal office address of limited liable (Note: MUST BE STREET AD ami, Florida 33133	hity company:	. (<i>o</i>)	Moiling address of limited liability company: (Note: MAY BE POST OFFICE BON) Miaml, Florida 33133	
12/	5/2016			M16000010156	
3.	Date of filing/registration in I ail, Neven	Florida	4.	Document number	
26	nered Agent and Registered Office shows 01 S BÁYSHORE DR #1720 sieted Office Address ACCST BE FL				
м	IAMI		33133		
(b)	siness Filings Incorporated	NEW Registered C	Office add	<u>1963:</u>	
12	00 South Pine Island Road Registered Office Address:				
Pi	amation	, FL	33324		
the change of agent will be	or changes are made, the Florida s	street address of t lorida limited lia fithe members of	he regis bility co the limi	State of Florida, it is hereby confirmed that after tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.	
Ca Cliva V				ven Brail. Controller	
I hereby acc provisions o the obligation to merely re- notified in w	Thember of amborized representative of cept the appointment as registere fall statutes relative to the properties of my position as registered a flect a change in the registered a print of the properties of the registered of the	ta meaber	e to act performa for in C ereby co	Printed a typed name of signer in this capacity. I further agree to comply with the mice of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Marie	epistered Agenti				
	Division of Corpo	rations• P.O. B		• Tallahassee, FL 32314 00	

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