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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, Florido 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. N	ame of the limited liability company: Resicum Inte	rnational LLC	
2. (a)	35 South 4th St	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Muiling address of limited liability company: (Note: MAY BE POST OFFICE B(X))
	WARRENTON, VA 20186		
	12/29/2016	— —— М1600	00010438
i,	Date of filing/registration in Florida	4.	Document number
5. (a)	RIBERT BAURD		
	Registered Agent and Registered Office shown on the records of	State:	
	Registered Office Address (MUST BE FLORIDA STREET) 2633 LANTANA ROAD, SUITE 807	17 HAR	
	LAKE WORTH , FL	33462	
			A
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	REGISTERED AGENTS INC		: 26
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A		
	Tampa , FL	33607	
he chi gent v /as/w/	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
_	ture of a member or authorized representative of a member		Printed or typed name of signec
here rovisi he obi o mer outte	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act in this of performance of a different thereby confirm the confirmation that confirm the confirmation c	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed hat the limited liability company has been
STATE OF THE PARTY	Bill Havre/Assistant Secr	etary	

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