

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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.

١.	Na	me of the limited liability company: AMERICAN LAI	NOMA	RK ILLLC			···-
2.	(a)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS) No change		No change	Mailing address of limited liabili (Note: MAY BE POST OFF) e		:
3.		02/15/2017 Date of filing/registration in Florida	- - 4.	M1700000	1328 Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4890 W. Kennedy Boulevard, Suite 240 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Tampa , FL			ECRETARY OF TALLAHASSEE	019 JUL 12	grante on
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1200 South Pine Island Road	Опсе	iddress:	OF STAT	PH : 5	
	;	NEW Registered Office Address: Suite 250				_τ ω	
		Plantation F[33324				
th ag	e cha cnt '	imited liability company is not organized under the la- inge or changes are made, the Florida street address of will be identical for, in the case of a Florida limited li- eric authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability of the limited	gistered offic company, it mited liabili	ce and the business office or is hereby confirmed that the ity company or as otherwise	of the regin ie change(stered (s)
By	here ovis e ob mer orifie	by acceptable appointment as registered agent and any acceptable appointment as registered agent and any ions of a statutes relative to the proper and complete itigations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. C T Corporation System	ree to a construction of the construction of t	net in this cap mance of mis Chapter of confirm tha	Printed or typed name of signality. I further agree to c y duties, and I am familian S. F.S. Or, if this docume at the limited liability compo Alfred Yo Assistant Se	omply with and the string of t	
	_		<i>,</i>	20 00 11 1	D1 73714		•

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