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(Re	questor's Name)						
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(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
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Office Use Only



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S. TALLENT MAY 3 0 2019 2019 MAY 13 PM 12: 14 SECRETARY OF STATE

RIKICH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 7, 2019

Order#: 731030-004

Re: EDM-SARASOTA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

1.	Na	me of the limited liability company: EDM-SARASOT	A, LLC		,			
2.	(a)	1605 MAIN STREET	_ (b)	1990 M	ain Street			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("/		Mailing address of limite (Note: MAY BE POS	•		y:
		SUITE #905	<del></del>	Suite 801				
		SARASOTA, FL 34236	_	SARASO	TA, FL 34236			
		03/22/2017	· <u> </u>	M1700000	)2427			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CORPCO, INC.						
	<b>V</b> -2	Registered Agent and Registered Office shown on the records of th	he Florida	Dept. of State	::			
		901 PONCE DE LEON BLVD.						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		10TH FLOOR						
		CORAL GABLES . FL	33134			(2) (1,1)	201	
(b	(b)	Corporation Service Company					2019 HAY	e gri
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:		`` -	$\frac{1}{\omega}$	المانية المانية المانية
		1201 Hays Street						المستارة المستارة المستارة
		NEW Registered Office Address:	<del>-</del>			SWE	PH 12: 14	
		Tallahassee, FL_	32301					
agi wa	ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor the limi	ered office npany, it is ted liability	and the business of hereby confirmed to company or as oth	ffice of th that the c	he regi: :hange(	stered [s]
		nathan Mitchell	Jona	<del></del>	ell, Manager	<del></del>		
	_	ure of a member or authorized representative of a member			Printed or typed name of	_	_	
pre the to no	ovisio obli mere tifica	y accept the appointment as registered agent and agre ms of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address. I he in writing of this change.	performa for in Ci ereby coi	nce of my a hapter 605, nfirm that t	luties, and I am fam , F.S. Or, if this doc he limited liahility o	illiar with cument is company	ply with and a being has be	h the iccept filed een
SIĮ	gnatut	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kırl	by, Asst. Vice Pre	sident		