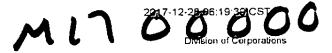
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12/22/2017



2 (95;2080)345 From Ranae McGraw

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000335730 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *** Email Address:

LLC REGISTERED AGE T CHANGE BRIDGE HI FL CELEBRATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Requesting Orignal filing Date of 12-22-17. Never received evidence or a rejection letter. Thank you!

Electronic Filing	Menu
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Corporate Filing Menu

Help

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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, Floride Statutes, the indersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(2)		(b)	
. (.4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, (0),	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	5295SCOMMERCEDR,STE100,MURRAY,UT84107		52958COMMERCEDR,STE100
			MURRAY,UT84107
	03/29/2017	Ν	M17000002685
٠.	Date of filing/registration in Florida	4.	Document number
· 2 X	CORPORATIONSERVICECOMPANY		
. (a)	Registered Agent and Registered Office shown on the records of the	: Florida I	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	<u> </u>
	1201HAYSSTREET		
	TALLAHASSEE, FL_3	2301-25	<i>140</i>
			(A.3)
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		Iress:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Mice add	Ires:
	CTCorporationSystem		7:41 LONIO
	NEW Registered Office Address:		3. €
	1200SouthPincIslandRoad		
	Plantation, FL_	33324	
he cha igent v vas/was/wa he art	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	s of the : he regis pility cor the limi imited li	State of Florida, it is hereby confirmed that after exerced office and the business office of the registe impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided is liability company.
There provis the obj	the of a member or authorized representative of a member why accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided why reflect a change in the registered office address, I had in writing of this change.	e to act erforma Jor in C ereby ce	. i . d.i

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