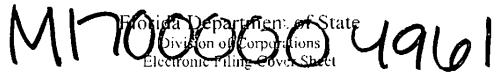
18 Division of Curporations



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HEAR 20 70 TO THE

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.

	me of the limited liability company: Texene LLC						11 210
2. (a)	5860 Miami Lakes Dr E, Miami Lakes, FL - 33014-2402	(b) 5860 Mia		Dr H, Mite			
	Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POSY OFFICE BOX)					
	₹9/2017	M1700000	4961	.:			
	Date of filing/registration in Florida	4.	Docum	cut numb	cr		
(a)	ECHEVERRIA, C						
(4)	Registered Agent and Registered Office shown on the recents of t	the Florida Topl. of Su	 Ne:				
					<u>.</u>		
	Registered Office Address (MUST BE FLORIDA STREET:	(DDRESS)			7- 7-	229 1715	C STY
	5860 MIAMI LAKES DR E) + -	**	
	MIAMI LAKES , FL	33014			-ij;	CO (PO)	-
	* 1 4 <i>d</i>				771.75	•	j Em
(b)						75	1
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			100 T	è	*****
	C T Corporation System				<u></u> 36.	\$	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation FL	33324					
ie cha gent v as/we	limited liability company is not organized under the lay ange or changes are made, the Plorida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ce and the is hereby ity compa	c business confirme my or as o	s office of ed that the otherwise	the reg change provide	istere :(s)
	ture of a member or authorized representative of a member		Printed	or typed nat	ne of signe	÷	
Signa							
here rovisi he obl mere otifies	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I if it writing of this change. Candida Product Candida Pignataro, Folder Pignataro, Folder	ree to act in this ca performance of m d for in Chapter bl hereby confirm tha					

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