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Division of Corporations

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2020 JUL 27 PH 1: 12

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.

i.	Na	ame of the limited liability company:		LLC		
		700 N.W. 107TH AVENUE		(b)	700 N.W	107TH AVENUE
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	(0).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 400		_	SUITE 40	o
		MIAMI, FL 33172			МІАМІ, І	L 33172
		06/28/2017		N	117000005	532
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	C T CORPORATION SYSTEM				
	(4)	Registered Agent and Registered Office shown on the recom- 1200 SOUTH PINE ISLAND ROAD	ds of the Flo	rida L	ept. of Stat	E :
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			. 20	
		PLANTATION	, FL 3332	4		2020 JUL 27
	(b)	Corporate Creations Network Inc.				
	, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		وُ		
		801 US Highway 1			_	F. 9. 1.3
		NEW Registered Office Address:				
		North Palm Beach	3340	8		
			_, FL			<u> </u>
cha age	ange ent v	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membicles of organization or the operating agreement of	f the regis ed liability ers of the f the limite	tered com limited lia	office an pany, it i ed liabilit bility cor	s hereby confirmed that the change(s) y company or as otherwise provided in mpany. an, Attorney-in-Fact
	-	ture of a member or authorized representative of a member				Printed or typed name of signee
pre the	ovisi e obi mer	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	vided for i ss, I hereby			
Si	gnatu	Danielle Gossman, Special S	Gecretary	225	. Tr. p. 4	El 22214

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