Florida Department of State 5735

Division of Combratism

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE ACTIONLINK SERVICES, LLC

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18 JUL 26 MH H: 44 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 Standes, 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. No	une of the limited liability company:ACTIONLINI	K SERVICES, LLC
2. (a)	6600 CORPORATE CENTER PARKWAY Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS) JACKSONVILLE, FL 32216	(b) 6600 CORPORATE CENTER PARKWA Mailing address of limited liability company: (Note: MAY BE POST OFFICE RON) JACKSONVILLE, FL 32216
	07/06/2017	M17000005735
3.	Date of filing/registration in Florida 4	Document number
5. (a)	CORPORATION SERVICE COMPANY	
	Registered Agent and Registered Office shown on the records of the F	Florida Dept. of State:
	1201 HAYS STREET	
	Registered Office Address (MUST RE PLORIDA STREET ADD)	FG - T
	TALLAHASSEE , FL 32	2301-2525 Eraddress: Reference of the property of the proper
(b)	Corporate Creations Network Inc.	阿鲁星
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offl	ler address:
	11380 Prosperity Farms Road #221E	ROM E
	NEW Registered Office Address:	
	Palm Beach Gardens FI, 33-	410
the cha agent to was/w	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabili- ere authorized by an afternative vote of the members of the icles of organization of the operating agreement of the limi-	of the State of Florida, it is hereby confirmed that after registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in
Signi	ture of a member or authorized representative of a member	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree to ions of all stander relative to the proper and complete per- ligations of my position as registered agent as provided for ely reflection change in the registered office address. I here d in writing of this change.	to act in this capacity. I further agree to comply with the formance of my dutles, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed thy confirm that the limited liability company has been
Signatu	Caitlin_Lazarus, Specia	al Secretary
INHS18 (2	Division of Corporations P.O. Box FILING FEE:	