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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, 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.

N	ame of the limited liability company:			
(a)	110 S. Donlar St		2877 20th Ave N	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability compa- (Note: MAY BE POST OFFICE BOX	-
	Suite 400			
	Wilmington, FL 19801	S	St. Petersburg, FL 33713	
	09/15/2017	M 1	17000007881	
	Date of filing/registration in Florida	4.	Document number	
(a))			
	Registered Agent and Registered Office shown on the records of BUSINESS FILINGS INCORPORATED	of the Florida De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		
	1200 South Pine Island Road		~	
	Dioptation	22224		
	Plantation, F	L	 	
			``	
(b)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addre		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	<u></u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	ed Office addre	<u>ss</u> : 	
(b)		ed Office addre	<u></u>	
(b)	Corporation Service Company	ed Office addre	<u>ss</u> : 	
(b)	Corporation Service Company NEW Registered Office Address:	ed Office addre	<u>ss</u> : 	
(b)	Corporation Service Company NEW Registered Office Address: 1201 Hays Street	ed Office addre	<u>ss</u> : 	
the angent is/we art	Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee Ilimited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited frere authorized by an affirmative vote of the members itcles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member of all statutes relative to the proper and completely reflect a change in the registered agent as provided in writing of this change.	32301 aws of the State registered control in the limited liab	ate of Florida, it is hereby confirmed that af office and the business office of the register pany, it is hereby confirmed that the changed liability company or as otherwise provide ility company. Jill Cilmi, Authorized Person Printed or typed name of signee this capacity. I further agree to comply wi	ed (s) ed in th the
the anguent s/w artification ar	Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee Itimited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited arere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the approximation of the approximation of the approximation of the proper and complete the approximation of the proper and complete ligations of my position as registered agent as provided reference and office address.	32301 aws of the State registered control in the limited liab	ate of Florida, it is hereby confirmed that af office and the business office of the register pany, it is hereby confirmed that the changed liability company or as otherwise provide ility company. Jill Cilmi, Authorized Person Printed or typed name of signee this capacity. I further agree to comply wi	ed (s) ed in ———

INHS18 (2/14)

FILING FEE: \$25.00