7/11/2019



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.

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	Division of Corporations		1
	Fax Number : (850)617-6383		•
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	Account Number : FCA000000023		···
	Phone : (614)280-3338 Fax Number : (954)208-0845		18.7
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Electronic Filing Menu

Corporate Filing Menu

Help

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.

(a)			(ს)				•
. (-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	()	Mailing addres	es of limited liab Y BE POST OF		
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	11/29/2017	-	M1700	0010047			
	Date of filing/registration in Florida	_{4.}		Document	number		
(-X	James G Milier						
(b)	Registered Agent and Registered Office shown on the records of	the Flore	da Dept. of	f State:			
	4890 W. Kennedy Bouldevard						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Ž.,	79	
	Suite 240				•		
	Tampa				•	7	1)
	Tampa , F	`L,			• •	12	
	C T Corporation System				1.	ס־	. n
	Enter name of NEW Registered Agent and/or NEW Registers	ol Office :	doren:				;;
						÷:	•••
	1200 South Pine Island Road				22.01	1 (
	NEW Registered Office Address:						
	Suite 250			- 10 100 1 11			
	Plantation	L 33324					
he chi gent i vas/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the re liability of the l te limite	gistered o company imited lia	office and the buy; it is hereby co ability company y company.	usiness office infirmed that i	of the re the chan	egister ee(s)
Signa	true of a member of ay port of representative of a member	_		Printed or p	yped name of sig	nce	
l here rovis he ob	thy accept the inholntment as registered agent and a tions of all straigles relative to the proper and completing the position as registered agent as provided in the registered office address, and in writing of this change. CT Corporation System	gree to a le perfor led for li I hereby	nct in this mance of Chapter confirm	r capacity. I fur f my duties, and r 695, F.S. Or that the limited	ther agree to Lam familian If this docume liability comp	comply with an ent is being pany has	with the d acce ing file been
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FILING FEE: \$25.00

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