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Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4547 Phone : (800)432-3622 Fax Number

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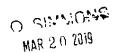
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi submi Florid	ant to the provisions of sections 60. its the following statement in order da.	5.0114 or 605.0116, r to change its regi ACC OP DEV	stered offic	e or registered ag	ned limited liability company sent, or both, in the State of
1. Na	ame of the Limited Liability Company	λ:			
<b>5</b> (2)	12700 HILL COUNTRY BLV	/D STF T-200		2700 HILL COU	NTRY BLVD, STE T-200
2. (a,	Principal office address of limited (Note: MUST BE STREE	lishility company:	_ (0)	Mailing addres	s of limited liability company:  Y BE POST OFFICE BOX
	AUSTIN, TX 78738		<u>A</u>	USTIN, TX 787	38
	4/2/2018	M18000003142			
3.	Date of filing/registration	in Florida	4.	Document	number
<b>S</b> /o	CT CORPORATION SYST	ΈM			
J. \E	Registered Agent and Registered Office s	hown on the records of the	he Florida Dep	ot, of State:	
	1200 SOUHT PINE ISLAN	D ROAD			
Registered Office Address					
	PLANTATION	·UI	33324		*
	PLANTATION	, FL_	0002		<b></b>
ſb	Capitol Corporate Services	, Inc.			<b>三</b> [4] <b>5</b>
,-	Entername of NEW Resistered Agent	and/or NEW Resistered	Office addres	<b>S</b> :	<b>国</b>
	515 East Park Avenue 2nd	FI			10 II
	NEW Registered Office Address:				型 星 〇
			<del>.</del>		
	T-H-h		32301		2
	Tallahassee	, FL	32301	<del></del>	> _
the c	hange or changes are made, the Flor t will be identical. Or, in the case of were authorized by an affirmative verticles of organization or the operation	ida street address of a Florida limited lia ste of the members of	the register bility comp f the limited	ed office and the bu any, it is hereby co I liability company ility company.	isiness office of the registered infirmed that the change(s) or as otherwise provided in
	Start			Steve Beinke	Vice President
l hei provi the o	nature of a member or authorized representa- rehy accept the appointment as regis islons of all stabiles relative to the p bilgations of my position as register arely reflect a change in the register led in writing of this change.	stered agent and agr proper and complete red agent as providet ed office address, I h			
ei-	Delana Case ature of Registered Agent			ssistant Secreta	
ខានិភា	<u>-</u>		•	Corporate Sen	
	Division of Co	orporations P.O. E FILING FI			<b>-314</b>

INHS18 (2/14).