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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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From; Kimberty Laughrey

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

	ime of the limited liability company:		
(a)	No Change	$\underline{\hspace{1cm}}$ (b) $\frac{N_0}{\underline{\hspace{1cm}}}$	
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of Innited liability company: (Note: MAY BE POST OFFICE BOX)
	04/23/2018	M180	000003906
	Date of filing/registration in Florida	4.	Document number
()	CORPORATION SERVICE COMPANY		
(a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida Dept	of State.
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	TALLAHASSEE, FL	32301	
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	1200 South Pine Island Road		∵ 21
	NEW Registered Office Address		
	Plantation, FL	33324	22 AM
cha ut v s-wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identifial. Or, in the case of a Florida limited like a supported by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered ability compar of the limited l limited liabili	ny, it is hereby confirmed that the change(s liability company or as otherwise provided
igna	ting of a member or authorized representative of a member		Printed or typed name of signee
ere	traccept the appointment as registered agent and age its of all statutes relative to the proper and complete legions of my position as registered agent as provide	performance d for in Chant	of my duties, and I am familiar with and active 605. F.S. Or, if this document is being fi
11511	ely reflect a change in the registered office address, I din writing of this change. C T Corporation System Wille Halden	héreby confirm	n that the limited hability company has bee.