Division of Corporations **Electronic Filing Cover Sheet**

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The state of the s

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Division of Corporations

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From:

Account Name : CAPITOL CORPORATE SERVICES,

Account Number : 120160000048 Phone : (800)345-4647

Fax Number : (800) 432-3622

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

Pursua submits Florido	nt to the provisions of sections 603.011- s the following statement in order to c	t or 603.0116, Florid change its registered CENTERPRISE	i office of re	gisterea agent, or oom,	In the State	ěőſ	
	ne of the Limited Liability Company:	C ENTERPRISE	S (TEXAS				
3 (-)	7105 OLD KATY ROAD #2401		(b) 7105 OL	D KATY ROAD #24	101		
2. (a)	Principal affice address of limited liabilit (Note: MUST BE STREET ADD.	ty company:		Amiling address of limited liable (Note:)4:1YBP POST OF	llity company:	·- 	
	HOUSTON, TX 77024		HOUST	ON, TX 77024			
	10/15/2018	orida 4.	M18000	0009543			
3.	Date of filing/registration in Fl	оппа ч.		Document manuar			
5. (a)	CT CORPORATION SYSTEM						
	Registered Agent and Registered Office shown of	on the records of the Flori	ida Dept. of State	:			
	1200 SOUTH PINE ISLAND RO			•			
	Registered Office Address (MUST BE FLO)	RIDA STREET ADDRE	<u>88)</u>				
	PLANTATION	, FL_ 333	24	-	SEG TALL/	2020 OCT	
ሌነ	Capitol Corporate Services, Inc.	·		_		$\tilde{\Sigma}$	- {}
(0)	Enter name of NEW Registered Agent and/or [NEW Registered Office	address:		77	1	g
					}	СЛ	
	515 East Park Avenue 2nd Fl			-	3151	ΡΉ	
	NETY Registered Office Address:				7.	<u>5</u>	
				_	<u> </u>	0	
					32 (T)	co	
	Tallahassee	, FL323	301	-			
the chi agent was/w the art	imited liability company is not organized ange or changes are made, the Florida struvill be identical. Or, in the case of a Florer authorized by an affirmative vote of isless of organization or the operating agriculture of a member occupilizing representative of the proper change of all stantages relative to the proper	orida limited liability the members of the limite	company, it is imited liability cor NUTULE	s hereby confirmed that the company or as officery inpany. M. SIVA Printed or typed name of sign	the change(s ise provided	i) in 	
· ·		cent as provided for i lice address. I hereby Aset. Secretary of b porate Services, Inc	n Chapter 60. I confirm that ehalf of 	\$, F.S' Or, If this docum the limited Hability com	eni is boing pany has bei	filed en	
Signo	yo of Registered Agent						
	Division of Corpor	ations P.O. Box 6	327• Tallaha	ssee, PL 32314			

INHS18 (2/14)