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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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LLC	REGISTERED	AGENT	CHANGE
	REGENE	R8 LLC	

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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.

ر.	20801 BISCAYNE BLVD., SUITE 403		(b) 20801 BISCAYNE BLVD., SUITE 403			
a) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	AVENTURA, FL 33180	AVENTU		JRA, FL 33180		
	03/13/2019		M19000002	1444		
	Date of filing/registration in Florida	<b>-</b> 4.		Document number		
	NAKAGAWA, GREGORY D					
(a)		the Elevid	n Dant of Stal	<del>_</del>		
	Registered Agent and Registered Office shown on the records of	ine riana	а верь от эш	ιε.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	<del>-</del>		
	20801 BISCAYNE BLVD., SUITE 403					
	AVENTURA F	L_33180		_ _	21	
	Registered Agents Inc.	-			F.: 90	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office 2	ddress:			
	Tanet made vi	-			<u> </u>	
				<del></del>	ري دي	
	NEW Registered Office Address:				0.7	
	7901 4th Street N. Ste 300			_	7	
	St. Petersburg	L 33702		<del></del>		
ang ent	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registe liability of of the li	red office a company, it mited liabil	is hereby confirmed the company or as other or as othe	nat the change(s)	
	ature of a member or authorized representative of a member			Printed or typed name of		
	cby accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as provided by reflect a change in the registered office address.	grec to a	ct in this ca	pacity. I further agree	to comply with the	

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