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	Fax Number	: (850)61	7-6383			
From:						
				SERVICES, INC	•	
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## (((H23000069816 3)))

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

Pursu submi	ant to the provisions of sections 605.0114 or 605.0116 its the following statement in order to change its rej	gistere	ta ojjici	or regi	stered agent, or	DODS, IN III	y company ne State of	
Floria	da.  THIRD LAKE  sime of the Limited Liability Company:	E DE	SIGN	& CM S	SERVICES, L	.LC		
2. (a)	1600 EAST 8TH AVENUE SUITE A132-D Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 1600 EAST 8TH AVENUE SUITE A132-D  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	TAMPA, FL 33605		TA	MPA, I	-L 33605			
3.	11/20/2019 Date of filing/registration in Florida  FORSYTHE, ROBERT S	_ 	<u>M1</u>		011179 Occument number	r	<del></del>	
J. <b>(</b> 8	Registered Agent and Registered Office shown on the records of  1600 EAST 8TH AVENUE SUITE A132-D  Registered Office Address ONUST BE FLORIDA STREET	)		t, of State.		U	202	
(b)	TAMPA , FI  Capitol Corporate Services, Inc.						2023 FFB 23	
	Enter name of NEW Rechieved Agent and/or NEW Rechieves 515 East Park Avenue 2nd Fl	Dillies	- adates.	: 		<u>.</u> 5	AM III	
	NEW Registered Office Address:	<del></del>				; -	<u>ස</u>	
	Tallahassee, FI	լ_32	301					
the cl agent	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of the case of organization or the operating agreement of the	i the r inbility of the	egistere y compa limited ed liabil	my, it is i liability lity comp	nereby confirmed company or as of any.	I that the chi therwise pro	ange(s)	
I her provi the oi	nature of a simple or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.		act in ti ormance in Chap ny confir	his capac of my di nter 605, m that th		ree to compo miliar with locument is i y company h	by with the and accept being filed las been	
3. Signa					l Secretary or ate Services,			
	District of Cornerations P.O.	Box 6	327• T	allahassı	se. FL 32314			

INHS18 (2/14)

FILING FEE: \$25.00