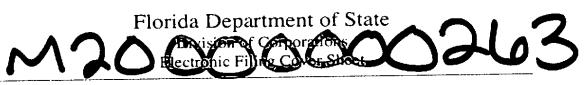
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Division of Corporations

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From:

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Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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Signature of Registered Agent

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.

Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) EACH, FL 33139 Document number e:
Document number
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orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in impany. ez. Attorney-in-Fact Printed or typed name of signee Practiv. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been