Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Con	rporations Tr	.02
•		: (850)617-63B3	2020 DFC
From:		(i)	ر
	Account Name	: LEGALINC CORPORATE SERVICES INC.	. 1
	Account Number	: I20180000011 [7 _c ,	•
	Phone	: (844)385-0178	?
	Fax Number	: (214)317-4754	•
		English the bound for future :	
ater the o	email address io	r this business entity to be used for future.	
annual	report mallings.	. Enter only one email address please.**	

LLC REGISTERED AGENT CHANGE CHARD, SNYDER, & ASSOCIATES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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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.

1.	Na	me of the limited liability company: CHARD, SNYI	DER, & A	.SS	OCLATES,	LLC	
2. ((ATTN: JE	ESSICA ALLEY	
۷. ۱	α,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		(")		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
		6867 CINTAS BLVD			165 PASS	SAIC AVENUE, SUITE 103A	
		MASON, OH 45040			FAIRFIEI	.D. NJ 07004	
		02/12/2020		:	M20000001	735	
3.		Date of filing/registration in Florida	4.	-		Document number	
5.	(a)						
J .	(4)	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM	of the Flor	da	Dept of Stat	e.	
		Registered Office Address (MUST BE FLORIDA STREE	_				
		1200 SOUTH PINE ISLAND ROAD					
		PLANTATION	FL_33324			7	
						202 ALL	
((b) Enter name of NEW Registered Agent and/or NEW Registered O				000		
	Enter name of NEW Registered Agent and/or NEW Registered V			auc	11644	7020 DEC -7	
		LEGALINC CORPORATE SERVICES INC.				7 1	
		NEW Registered Office Address					
		5237 SUMMERLIN COMMONS BLVD. SUITE 400	LVD. SUITE 400			11. ED	
		FORT MYERS	FL			- س	
		TORY PITERS	FL			_	
cha age was	ingo int v	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the member in the control of the member in the control of the member icles of organization or the operating agreement of the control	the registed. liability is of the limite	cre co: im d li	d office ar mpany, it i ited liabili ability cor	id the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
_		tuic of a member or authorized refresentative of a member		ose	oh Dansky	Printed or typed name of signee	
I h pro the to n not	iere ovis obi mer ufie	by accept the appointment as registered agent and a since of all statutes relative to the proper and completing tions of my position as registered agent as proving the proper and completing to the proper and completing to the proper and completing to the proper and completing agent as proving of this change. The of Registered Agent	agree to c ete perfor ided for n I hereby	act ma n C	m this cap ince of my hapter 60 infirm that	poorty I further gorge to comply with the	