Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000060913 3)))



H190000609133ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number **Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. ** Email Address:_ LLC REGISTERED AGENT CHANGE

TRUSTWAY SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

FEB 25 1

S. PRATHE

Electronic Filing Menu Corporate Filing Menu

Help

2019 FFB 2.2

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.

2. (a) _.	Principal office address of limited hisbility company:	(.b)	falling address of fimited	d liability c	ompany:	
	(Note: MUST HE STREET ADDRESS)			(Nete: MAY BE POS.			
	5500 INTERSTATE NORTH PARKWAY 600		5500 INTE	RSTATE NORTH PA	RKWAY	600	
	ATLANTA, GA 30328	 .	ATLANTA	, GA 30328		<u> </u>	
	03/05/1998		M980000002	15			
i.	Date of filing/registration in Florida	4.		Document number	-		
. (a)	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the records of	la Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STRBET)	ADDRES	<u>:27</u>		<u>g.</u>	20	
	1201 HAYS STREET		-		<u>></u>	19	
	TALLAHASSEE , FI.	32301			i A	2019 FEB	
(b)	C T Corporation System				AHASS	22	(man
` '	Enter name of NEW Registered Agent and/or NEW Registered	ОПсе п	ddress:			AK	(i i
	C T Corporation System					မှာ ယ	
	NEW Registered Office Address:				ربا	9	
	1200 South Pine Island Road						
	Plantation , FL	33324					
he cha gent w vas/we he artic	mited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited the recauthorized by an affirmative vote of the members of cless of organization or the operating agreement of the Maddal. ———————————————————————————————————	the regability of the linited	istered office company, it is nited liability liability comp ok H. Hain	and the business of hereby confirmed the company or as othe pany.	fice of the bat the cherwise pro	e registe lange(s)	ered
				Printed or typed name o	_		
<i>опутск</i> С Т Со			et in this capa vance of my d Chapter 605, confirm that th want Secremy	city. I further agrec uties, and I am fami F.S. Or, if this doc he limited llability c	e to comp liar with untent is company i	ly with and acc and acc being fi has beer	the Sept led 1
ngnatur	e of Registered Agent						
	Division of Corporations P.O. I						