

Florida Department of State

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

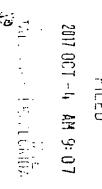
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REGISTERED AGENT CHANGE GREAT REALESTATEWORKS, INC.

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Electronic Eiling Menn — Corporate Filing Menn

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C. GOLDEN

OCT - 5 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida ! on organized under the laws of the State of _ organization of the laws of the State of _	Floric		
		or registered agent, or both, in the State of F			
		STATEWORKS, INC.			
2. The principal	office address: 4150 SW 28TH V	VAY			
FORT LAUD	ERDALE, FL 33312				
3. The mailing a					
4. Date of incorp		3 Document number: P130000			
	I street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file wi r resigned)	ith the		
	CARCAISE, VICKIE		۵۰ ش		
			77.	2017 OCT	
	FORT LAUDERDALE FL 3331	2		DCT	; ر
6. The name and (if changed):		ered agent (if changed) and for registered of	fice $\frac{Z_{i}}{Z_{i}}$	-4 AH	ILED
	Northwest Registered	Agent, LLC.	703.07 g.	9: 0	
	3030 N. Rocky Point Dr. S	STE 150A	ĎΑ)7	
	Tampa FL 33607	Box NOT acceptable			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of it	s registered	.l agent	١,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so		
Miles E.	Duree re of an officer or director	Miles Dupree, COO			
I hereby accept I further agree performance of	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and com th and accept the obligation of my position y to reflect a change in the registered offic otified in writing of this change.	i as registe	red I	
lon	Glove	10-04-2017			
5ig	nature of Registered Agent	Paic		- - -	
If signing on be	half of an entity:				
Tom Glove		···			
Ţ	speci or Printed Name	NO PER, etc on + + +			
	" " " # I I , I	NG FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)