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| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (В | usiness Entity Nan | ne) |
| (D | ocument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Flex Hodings LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Fernando Torres Name of Person | | | | | | |
| Doble Serrot Inc Firm/Company | | | | | | |
| 1 NE 44 St Address | | | | | | |
| Address | | | | | | |
| Pompano Beach FL 33064 City/State and Zip Code | | | | | | |
| City/State and Zip Code | | | | | | |
| dobleserrotine agmail.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Fernando Torres a1, 954, 999 2300 | | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. Name of the limited liability company:

| Flex Hodings LLC|

| 1. | Name of the limited liability company: | TIDUMYS | | |
|-------------|--|------------------------|--------------|-------------------------------|
| 2. (a | 2200 () | (b) | 3389 | Sheridan St |
| | Principal office address of limited liability company: | | | of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | (Note: MAY I | BE POST OFFICE BOX) |
| | # 324 | | #324 | |
| | Hollywood FL 33021 | <u> </u> | ollywood | FL 33021 |
| | 05/23/2013 | L | 0 | 0075559 |
| 3. | Date of filing/registration in Florida | 4. | Document nu | ımber |
| <i>5 (.</i> | COCONCATURN SOCIULO CO | 1,0614 | | |
| 5. (a | Registered Agent and Registered Office shown on the records of the | ne Florida Dept. of St | ate: | |
| | , | | | |
| | 1201 Hays St X: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRESS)</u> | | His L |
| | | | | |
| | Tallahassec FL | 32301 | | |
| | <u>allanassee</u> , FL | 1230 | | 60 |
| | • | | | |
| (b | Enter name of NEW Registered Agent and/or NEW Registered (| Office address. | _ | P |
| | Enter name of NEW Registered Agent and/or NEW Registered C | omice address. | | ္ မွ |
| | Doble Serrot Inc | | | ္တိုင္း မွာ |
| | NEW Registered Office Address: | | | |
| | 1 NE 44th St | | _ | |
| | Rugan Beach | 33064 | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Fernando Torres Pod

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent