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OCT 2 4 2018 S. YOUNG 18 OCT 15 PN 6:555

COVER LETTER

Division of Corporations		
SUBJECT: LTWebHosting 1	LLC	
ivanie of i	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for fili	ing.
Please return all correspondence concerning this mat	tter to the following:	
Luis Tamago Guerrero Name of Person		
LTWeblosting Firm/Company		SECRE TALLAR
11221 NW 7th St Apt 4, Mich	mi, FL 33172	CT 15 PH 6: 55 OCT 15 PH 6: 55 LAHASSEE, FLORIDA
		SS RIDA
City/State and Zip Code		
Hamay @ Hwestosting. n E-mail address: (to be used for future annual re	<u>t</u>	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, pleas	e call:	
Name of Person		
Name of Letson	Area Code & Daytime Te	Tephone 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 amou	mi.	
XS25 Filing Fee	[4] \$55 Filing Fee & Certified Co	ากษ

INHS18 (2/14)

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:	tosting	, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	66 West Flagler Street A 96 Mailing address of limited liability company: (Noie: MAY BE POST OFFICE BOX)	
	Miami, FL 33130		Miami, FL 33130	
	06/14/2018		L18000147323	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Do	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	SECOND FI	
		_3317		
(b)	Lesley Leonar Gonzalez to Enter name of NEW Registered Agent and/or NEW Registered	Uion Office addre		
	66 West Flagher Street # 96 NEW Registered Office Address:	7		
	Miami FI	. 3313	30	
the cha agent w was/we	imited liability company is not organized under the laringe or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registe ability com of the limite limited lial	tered office and the business office of the regis mpany, it is hereby confirmed that the change(s ted liability company or as otherwise provided ability company.	tered s)
<u> </u>	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signer	
I haral provisi the obl to mero notifico	by accept the appointment as registered agent and age for some of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It in writing of this change.	ree to act in	in this canacity. I further agree to comply with	i the coept filed en
Signatu	re of Registered Agend			