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COVER LETTER

TO: Registration Section Division of Corporations						
SHORT FUZE ELECTRIC, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Alexander Vallecillo						
Name of Person						
Short Fuze Electric, LLC						
Firm/Company						
14765 SW 9TH LANE						
Address						
MIAMI, FL 33194						
City/State and Zip Code						
alexandervallecillo031@gmail.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please of	all:					
Alexander Vallecillo 7	86 7105800					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount	t:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

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.

Name	e of the limited liability company: SHORT FUZE E			
	765 SW 9TH LANE MIAMI, FL 33194	<i>(</i> h	14765 SV	V 9TH LANE MIAMI, FL 33194
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
02	2/28/2024	_	L24000103	3942
_	Date of filing/registration in Florida	- 4.	 -	Document number
(0)				
	egistered Agent and Registered Office shown on the records of NC AUTHORITY RA	the Florida	Dept. of Sta	ate:
R	egistered Office Address (MUST BE FLORIDA STREET	ADDRESS	ÿ	70;
3	90 NORTH ORANGE AVE., STE 2300-N	_		2024 APR
C	Orlando	32801		PR
-	, FI	L		
b)				PH 6: 06
Er	nter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	- PH 6: 01
Λ	ALEXANDER VALLECILLO			
N	EW Registered Office Address:			
1	4765 SW 9TH LANE			_
N	MIAMI FI	_33194		
_		•		_
ige oi it wil were	ited liability company is not organized under the lar changes are made, the Florida street address of the I be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of organization or the operating agreement of the	registere ability co of the lim limited l	ed office as impany, it sited liabilitied iability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided i
gnature	e of a member or authorized representative of a member			Printed or typed name of signee
vision obliga ergly	accept the appointment as registered agent and agi s of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I in meriting of this change.	ree to act performed for in C hereby co	in this cap ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with a duties, and I am familiar with and accepts. Or, if this document is being fit the limited liability company has been
*~	of Registered Agent			