

MIS 0000 0262F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

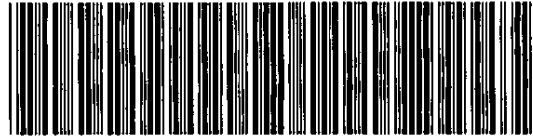
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmos One 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:

James N. Hauslein
Name of Person

Firm/Company

165 South Beach Road
Address

Hobe Sound FL 33455
City/State and Zip Code

jim@hauslein.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James N. Hauslein at (917) 744-6306
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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: Cosmos One LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

165 South Beach Road
Hobe Sound FL 33455

165 South Beach Road
Hobe Sound FL 33455

3. 3/18/2015
Date of filing/registration in Florida

4. M15000002628
Document number

5. (a) CT Corporation
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2075
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2075 Centre Pointe Blvd, Suite 101
Tallahassee, FL 32308-7836

(b) James N. Hauslein
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
165 South Beach Road
Hobe Sound, FL 33455

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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.

James N. Hauslein
Signature of a member or authorized representative of a member

James N. Hauslein
Printed or typed name of signer

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.

James N. Hauslein
Signature of Registered Agent