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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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Incorporating the World, One Company At A Time Corp1, Inc. www.corp1.com

Colorado | COorders@corp1.com 720-644-6144

Delaware | orders@corp1.com 302-736-3466

Wyoming | WYorders@corp1.com 307.200.2966



Please accept the four attached LLLP Change of Registered Agent documents with accompanied check for \$140.00 (4 @ \$35.00/filing).

All the best,

Kylie Conrad, Nationwide Operations Manager, Corp1, Inc. 720-823-9273

NWorders@corp1.com

7700 E Arapahoe Rd Ste 220, Centennial, CO 80112

Enceladus Holdings, LLLP MBIF Group, LLLP Remy Cito Management, LLLP Sussex Road Partners, LLLP CORON ZE AM 9: 49

ELECTRICAL STATE

ELECTRICAL STATE

COVER LETTER

| Division of Corporations | S | | | |
|--|---|---|-----------------|--|
| SUBJECT: Enceladus Holding | ıs, LLLP | | | |
| Name of Limit | ted Partnership or Limited Liability Limited Partne | ership | _ | |
| DOCUMENT NUMBER: A | 12000000646 | | | |
| The enclosed Statement of Charfee(s) are submitted for filing. | nge of Registered Office and/or Registered | d Agent and | | |
| Please return all correspondence | e concerning this matter to: | | | |
| Kylie Conrad & Kayla King | | | | |
| Contact Pe | erson | | | |
| Corpl. Inc. | | | | |
| Firm/Comp | pany | * Z | | |
| 7700 E Arapahoe Rd Ste 220 |) | - <u>-</u> | | |
| Addre | SS | 門 (24) - 下 | | |
| Centennial, CO 80112 | | 22 HAS | ;** <u>,</u> *, | |
| City. State and | Zip Code | AM 9: 49 OF STATE SSEE, FL | | |
| E-mail address: (to be used for fi | uture annual report notification) | TE THE | | |
| For further information concern | ing this matter, please call: | | | |
| Kylie Conrad | at (720) 823-9273 | | | |
| Name of Contact Person | Area Code and Daytime Tele | phone Number | _ | |
| Enclosed is a \$35.00 check mad | de payable to the Florida Department of S | tate. | | |
| Mailing Address: | Street Address: | | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | - | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| Enceladus H | oldings, LLLP_ | | |
|--|---|---------------------------------|--|
| N | ame of Limited Partnership or Li | mited Liability Limited Partner | rship |
| 2 10/29/2012 | | 3. A1200000064 | 16 |
| -· | g/registration in Florida | Florida docu | iment number |
| 4. The name of the r Department of State: | registered agent and the registered | d office address as shown on th | e records of the Florida |
| | Goode, Greg | | |
| | Na | nne | - |
| | 4527 SW Sand Ave | | |
| | Add | iress | _ |
| | Palm City, FL 34990 | | |
| | City, Sta | te and Zip | _ |
| 5. The name and Flo | orida street address of the new re | gistered agent and/or office: | |
| | Registered Agents Inc | | 5:2 |
| | Na | ame | |
| | 7901 4th St N Ste 300 | | 1 1 1 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Florida street address (| P.O. Box not acceptable) | - FA |
| | St. Petersburg | FL33702 | () |
| | City, Sta | te and Zip | AM 9: 49 SEE, FL |
| 6. Such change(s) is | /are effective when filed by the I | Florida Department of State. | 1 E |
| /s/ GREG GOODE | | | |
| Signature of Genera | Partner | - | |
| comply with the prov | appointment as registered agent of visions of all statutes relative to the obligations of m | he proper and complete perfor | v. I further agree to mance of my duties, |
| /s/ David Roberts | | | |
| Signature of Registe | red Agent | _ | |
| | | | |
| Filing Fee: | \$35.00 | | |

Filing Fee:

Certified Copy (optional): \$52.50