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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Metanomy, Inc. Name of Corporation
DOCUMENT NUMBER: F 15 Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cameron Hunt Name of Contact Person
Metanomy Firm/Company
14002 Ellesmere Drive
Tampa, FL, 33624 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cameron Hurt at (843) 654-4798 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Colorado in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Metanomy Inc. 2. The principal office address: 14002 Ellesmere Dr. Tampa, FL. 33624	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1 26 2015 Document number: F15\$\phi\phi\phi\phi\phi\phi\phi\phi\phi\phi	82
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
<u>Cameron Hunt</u>	
615 27th Street South, SuiteD	
St. Petersburg, FL. 33712	n =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Cameron Hunt	
14002 Ellesmere Dr. 35 5	
Tampa, FL. 33624	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
COBY LEUSCHKE Signature of an officer or director Printed or typed name and title	,
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent /Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *