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2. Principal Place of Business				3. Mailing Address										
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	6. Name	and Addre	ss of Current F	i legiste	ered Agent				7. Nam	e and Address of New R				1
· -·	/DUILON/LIN	` NUM 84					Name							
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8. The above	e named entity	submits th	is statement for	the pu	rpose of changing its re	egistere	ed office or	registered	agent,	or both, in the State of Flo	rida.			1
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E TOMENMEGYBULSKI

18/01/704-905-7891

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SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER