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2. Principal Place of Business 3.				<b>3</b> . M	Mailing Address									
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8. The above	named entit	/ subm	its this statement for t	he pu	rpose of changing it	s regis	tered office	or registe	red agent	t, or both, in the State of F	lorida.			1
		1												
SIGNATURE	Signature, typed	or printed	name of registered agent and	title if a	applicable. (NO	TE: Regis	tered Agent signa	tura require	d when reinsta	ating)	DATE			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME ... STREET ADDRESS

CITY-ST-ZIP

STAPLE UNEUN MENE

SIGNATURE: VALUE OF PRINTED NAME OF SIG

850 837-5356