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(((H23000244307 3)))

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Account Number : I20180000011 Phone Fax Number

: (844)386-0178 : (214)317-4754

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## 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.

603		(b)			
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of li (Note: MAY BE)	inited liability comp POST OFFICE BO	
	382 NE 1918t St #91131	382	NE 191sc\$c#9U31	<del></del>	
	Miami, FL 33179-3899	Mia	ami, FL 33179-3899		
	06/24/2002	1.020	000015881		
	Date of filing/registration in Florida	4,	Document num	her	
(a)					
(4)	Registered Agent and Registered Office shown on the records	of the Florida Dept	, of State		
	SMALLBIZ AGENTS, LLC				
	Registered Office Address / MUST BE FLORIDA STREE	T ADDRESS)			
	9100 Conroy Windermere Road, 200-UAS				
	Windermere	34786			
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rt. s				***	
(h)	Enter name of NEW Registered Arent and/or NEW Register	rd Office address		١,٠	
					7.0
	LEGALING CORPORATE SERVICES INC.				424
	LEGALING CORPORATE SERVICES INC.  NEW Registered Office Address:				1. P. 9.28
				.,	7 1.2. 628
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	NEW Registered Office Address: 476 Riverside Ave.,	E) 32202		 	HW ZI I Z WH
	NEW Registered Office Address: 476 Riverside Ave  Jacksunville				An Line
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