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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Kuhus Name of 1	Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Kimbaly D. Name of Herson	Kuhns
	Firm/Company 3240 NW Address	Coystel Labe Drive
	City/State and Zip Code	pach 1 h
	E-mail address: (to be used for future annual re	206 Mailication)
	ther information concerning this matter, pleas	e call:
	Kim Fuhus at	(646) 489 - 0819 Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amou	int:
	\$25 Filing Fee	S55 Filing Fee & Certified Copy

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.

1. Na	me of the limited liability company: Kuhns Group LLC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	28 West Flagla Street
	#19CC
	Mani FL 33130 L020003122
3.	Date of filing/registration in Florida 11/21/012 Document number
5. (a)	Kimbaly Dickins
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 32-40 NW E(Stat Lake Duck)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Jensen Beach, FL 34957 Jonathan Nounau Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Janathan Nouna
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	28 West Flagler Street
	NEW Registered Office Address:
	<u># 900</u>
	Miami FL 33130
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	cles of organization or the operating agreement of the limited liability company.
Signat	Browle hours Broack Neuman Broack Neuman une of a member of authorized representative of a member Printed or typed name of signee
I herel	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi the obl to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered affice address, I hereby confirm that the limited liability company has been
notified	Fin writing of this change
Signatu	re of Registered Agent