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SECRETARY OF STATE OF STATE OF STATE OF CORPORATION

B. Broken JUL IU 2008

COVER LETTER

Division of Corporations				
SUBJECT: Angela Thompson, LLC (Name of Limited Liability Company)				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Angela Thompson (Name of Person)				
Angela Thompson LLC (Firm/Company)				
V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
P. O. B.ox 315 (Address)				
(Address)				
Fanwood NS 07023 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Assola Time oral as a series				
Mame of Person) at (908) 226 -0827 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
☐ \$25 Filing Fee ☐ \$55 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 608.416 or 608.508, 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. Name of the limited liability company: Angela Thompson, LLC

1. Nam	ne of the limited liability company: HNGCIA	Thompson, LLC	
2. (a) 1	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 1307-1311 KIKK ROAD West PAIM BEACH, Fe.	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 315 8 VISION NT 07023 E	
,	08/14/2003	1 70 00 0 7 1 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	of filing/registration in Florida	<u>∠030000 30273</u>	
o. Date	of filling/registration in Florida	·•• 	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
į	Registered Agent:	THE COMPANY COrporation	
ì	Registered Office Address:	1201 HAYS ST TALLAHASSER, \$1 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
]	NEW Registered Agent:	Lorraine JAcobs	
<u>]</u>	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101. Monterey WAY ROYAI PAIM BEACH FL 33411	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

ANGCIA Thompson

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00