,		
(Requestor's Name)		
(Address)		
(Addiess)		
(Address)		
, ,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
·		
- (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer 1724		
J.12.		
RA change		
KA Change		
Office Use Only		



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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Onda Enterprises, LLC (Name of Limite	ed 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 r	natter to the following:		
Kenneth Brooks III (Name of Person)	<del></del>		
Onda Enterprises, LLC (Firm/Company)	<del></del>		
2561 SW Estella Terrace			
(Address)			
Palm City, FL 34990			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Kenneth R. Brooks III at (			
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
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. The name of the limited liability company is: Onda Ent	erprises, LLC
2. The mailing address of the limited liability company is	· 2561 SW Estella Terrace
Palm City, FL 34990	
8/15/2003	<u>L03000031098</u>
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:  Ronald Diniz	ce address as shown on the records of the
Name  4949 # North A1A #  Address  For PIERCE, FL  City, State and	34949 Zip
6. The name and address of the new registered agent and o	
Kenneth R. Brooks III	Post
Name 2561 SW Estella Terrace  Florido street address (P.O. Ro	PR POP STATE  22 OF STATE  25 OF STATE  26 OF STATE  27 OF STATE  28 OF STATE  29 OF STATE  20 OF STATE  21 OF STATE  22 OF STATE  23 OF STATE  24 OF STATE  25 OF STATE  26 OF STATE  27 OF STATE  27 OF STATE  28 OF STATE  29 OF STATE  20 O
Florida street address (P.O. Bo	x NOT acceptable)
Palm City, FL 34990 FL City, State and Z	<u> </u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company (Signatur of a member or authorized representative of a member)	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote provided in the articles of organization
KENNETH R. BROOKS #	<u> </u>
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand Lam familiar with and accept the obligations of my pochabler 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
(Signature Registered Agent)	general and service and servic
Division of Corporations, P.O. Box 63	