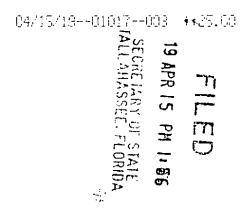
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COVER LETTER

TO: Registration Section

Division of Corporations						
LAZY BOYS, LLC	CCT: LAZY BOYS, LLC Name of Limited Liability Company					
SUBJECT: Name of						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this m	natter to the following:					
James W. Govin						
Name of Person						
Hermann & Govin						
Firm/Company						
134 S. Dixie Hwy, Suite 100						
Address						
Hallandale Beach, FL 33009						
City/State and Zip Code						
jgovin@hg-law.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
James W. Govin	786 206-7995					
Name of Person	Area Code & Daytime Telephone Numbe					
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						
Taliahassee, Florida 32301						
Enclosed is a check for the following an	nount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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.

	ame of the limited liability company:	41				
2. (a)	Principal office address of limited liability company:	(o)	Mailing address of limited	d liability o	отрапу:
	(<u>Nate: MUST BE STREET ADDRESS</u>) 725 NE 26th Ave		725 NE	(Note: MAY BE POST 26th Ave	<u>r QFFICE</u>	(HOX)
						
	Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304			
	08/20/2003		L030000	31570		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Damaso W. Saavedra					
J. (L)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	2)	_		
	312 SE 17th Street, 2nd Floor			Σ	у <u> </u>	
	Fort Lauderdale , Fi	33316			19 APR	
(b)	James W. Govin			S S	/5√	===
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_ rn -			
	Hermann & Govin			CLORI		Ö
	NEW Registered Office Address:			- , Dr , A) (
	134 S. Dixie Hwy, Suite 100			- -		
	Hallandale Beach, Fi	33009		_		
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be dentical. Or in the case of a Florida limited li- cre authorized by an affirmative vote of the members cless of organization or the operating agreement of the ture of a member or authorized representative of a member	f the reginability confithe limited in Pra	stered office ompany, it in nited liabilit liability con kash Pate	te and the business officis hereby confirmed the ty company or as other mpany. el, Manager Printed or typed name of the typed name of the typed name of the typed name of typed name o	fice of the hat the clarwise pro	e registered nange(s) ovided in
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. It in writing of this change is the conference of the conference of the conference of the conference of Registered Agent	ree to act perform al for in t hereby c	t in this cap ance of my Chapter 602 onfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to comp liar with ument is ompany	nly with the and accep being filed has been

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