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TRANSMITTAL LETTER

Division of Corp	orations		
SUBJECT: Darie	s Holdings. 11	C	
	(Name of Li	imited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
	Darryl Moo	OFE Name of Person)	2005 F
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,,,	(Firm/Company)	EB 28 PM CB 28 PM CAHASSEE.
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_	CI	(Address)	D 2
La	he Worth, Fla	ovida 33461	
	City	/State and Zip Code)	
For further information co	ncerning this matter, please	call:	
	(Name of Person)		7-0635
	(Name of Person)	(Area Code & Daytime	
Enclosed is a check for the fo	ollowing amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Karius Holdings, L.L.C. 2. The mailing address of the limited liability company is: 0/-02-2004 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Palm Beach, Florida 33415 City, State and Zip 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) City, State and Zip 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) brryl Moore 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; thereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Signature of Registered Agent)