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COVER LETTER

TO: Registration Section Division of Corporations					
Masuen Consulting, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filir	ıg.		
Please return all correspondence concerning th	nis matter to the	following:			
Mitchel Walker					
Name of Person					
Masuen Consulting, LLC					
Firm/Company					
642 Yates Road					
Address			23 13		
Newport, WA 99156			73 		
City/State and Zip Code		_	. 4 %		
masuen@masuenconsulting.com			0 5		
E-mail address: (to be used for future and	aual report noti	fication)	1 - 10		
For further information concerning this matter	, please call:				
Mitchel Walker	866 at (928-1533x212			
Name of Person		Area Code & Daytime Tel	ephone 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	g amount:				
☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Co	ру		
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.

1. N:	une of the limited liability company: Masuen Const			
2. (a)	Mitchel A. Walker	(b) Mitchel A. Walker		
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	642 Yates Road	_	642 Yate	s Road
	Newport, WA 99156	_	Newport,	WA 99156
	January 2, 2004		L040000	00183
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mitchel A. Walker			
. (,	Registered Agent and Registered Office shown on the records of the Masuen Consulting, LLC	ne Florida	Dept, of State:	
	Registered Office Address AMUST BE FLORIDA STREET A. 32801 Hwy 441 N. #293	DDRESS	<u> </u>	
	Okeechobee, FL . FL	34972	2	r~2
(h)	Kelly A Cambron, Esq Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Law Offices of Kelly A Cambron)ffice add	dress:	
	NEW Registered Office Address:			To the second second
	601 21st Street, Suite 300			- - -
	Vero Beach , FL	32960		
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identified. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regis bility co the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
\angle		Mito	hel A. Wa	lker
	ture of themses or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	A faceept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been this change.	e to act performa for in C ereby co	in this capa ince of my d Thapter 605, infirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signath	fe of Registered Agent			
- 1	Division of Corporations P.O. Bo	ox 6327	 Tallahass 	ee, FL 32314

FILING FEE: \$25.00