LOM 00000 4547

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	AIL.	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		·
SUBJECT:		
Nan	ne of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the	following:
Keyona Hopkins		
Name of Person		
Agile Legal		
Firm/Company		
651 N. Broad St. Ste 308		
Address		
Middletown, DE 19709		
City/State and Zip Code	-	
Compliance@agilelegal.com		:
E-mail address: (to be used for future ann	iual report notif	ication)
For further information concerning this matter,	please call;	; .
Keyona Hopkins	302- at (376-6710
Name of Person	\	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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 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. Na	ame of the limited liability company:	.C	
2. (a)	2100 S. III 35 Frontage Rd., Suite 200	_ (b) _	2100 S. 111 35 Frontage Rd., Suite 200
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Austin, Texas 78704		Austin, Texas 78704
		_ -	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporate Creations Network, Inc.		
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:
	801 US Highway 1		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
		<u></u>	
	North Palm Beach	L_33408	,
		- <u>-</u>	
(b)	Universal Registered Agents, LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	- -
	1317 California Street		
	NEW Registered Office Address:		
	Tallahassee . F	32304 L	
change agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of iability compositions of the limited	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Keyona Hopkins ture of Smember or authorized representative of a member	- <u></u>	Keyona Hopkins
			Printed or typed name of signee
provisa the obj to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in e performanced for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Keyona Hopkins Mod Registered Agent		
Signatu	ng of Registered Agent		