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(Requestor's Name)					
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(Business Entity Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI		e Samujajajajajaj ajajajajajajajajajajajajaja	
	Name of	f Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office (Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the	following:
Kryst	al Green-Johnson		
	Name of Person		
Lega	linc Corporate Services Inc.		
	Firm/Company	44	
5850	Granite Parkway Ste 215		
	Address	* * * * * * * * * * * * * * * * * * *	m.m.
Planc	o, TX 75024		
	City/State and Zip Code		
filings	s@Legalinc.com		
E	-mail address: (to be used for future annual	report notifi	ication)
For fur	ther information concerning this matter, ple	ase call:	
Kryst	al Green-Johnson	844	386.0178
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MZ	AILING ADDRESS:
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building), Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tal	llahassee, Florida 32314
	Enclosed is a check for the following am	ount:	
	☑ \$25 Filing Fee	□ \$5	is Filing Fee & Certified Copy
INHSL	8 (2/14)		