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COVER LETTER

CO	OVER LETTER
FO: Registration Section Division of Corporations	
	evelopment Services LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Peter Stolz	
Name of Person	
Firm/Company	
382 NE 191st Street #25664	
Address	
Miami, FL 33179	
City/State and Zip Code	
peterstolzfi@aol.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Peter Stolz gat (954 343-5571
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	it:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	f

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. Websit Name of the limited liability company: 382 NE 191st Street 382 NE 191st Street (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) #25664 #25664 Miami, FL 33179 Miami, FL 33179 LOS000091284 3. Document number Corporate Creations Network, Inc. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 11380 Prosperity Farms Road #221E Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Palm Beach Gardens Peter Stolz (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 382 NE 191st Street **NEW** Registered Office Address: #25664 Miami 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. Peter Stolz Signature of a member or authorized representative of a member Printed or typed name of signee 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 605, F.S. Or, if this document is being filed to merely confirm that the limited liability company has been notified in writing of this change

Signature of Registered Ager