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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Total Euphoria, (Name of Limited L	LLC iability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Michael Stephens (Name of Person)	DIVISION SEC
Total Eyphoria, LLC (Firm/Company)	SECRETARY OF STATION VISION OF ROV 27 PM 4: 03
2805 87th Place #208 (Address)	#: 03
Pinellas Park FL 33785 (City/State and Zip Code)	2
For further information concerning this matter, please	e call:
Michael Stephens at (8 (Name of Person)	(Area Code & Daytime Telephone 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 amount	nt:
IV \$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 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.

agem, or bonn, in the blue of Florida.	
1. The name of the limited liability company is: Total Euphoria, LL	<u>*</u>
2. The mailing address of the limited liability company is: 2805 87th Place	٠
# 208 Pinellas Park, FL 33782	·
5-16-2006 L06000 507 3. Date of filing/registration in Florida 4. Document number	136
3. Date of filing/registration in Florida 4. Document number	********* ***************************
5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State: Susiness Flings Treorporated Name Address Address City, State and Zip One of the new registered agent and/or office:	
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an a of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of member or authorized representative of a member) Thereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the readdress, I hereby confirm that the limited liability company has been notified in writing of the confirmation of the second of the limited liability company has been notified in writing of the confirmation of the limited liability company has been notified in writing of the confirmation of the limited liability company has been notified in writing of the confirmation of the limited liability company has been notified in writing of the confirmation of the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing the limited liability company has been notified in writing th	ristered office ida limited ffirmative vote of organization

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)