L06000083883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 19 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAVEN ENTERPRISES, LLC
Name of Corporation

DOCUMENT NUMBER: L06000083883

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORIAN RACE
Name of Contact Person

RAVEN ENTERPRISES, LLC
Firm/Company

PO BOX 532023
Address

ORLANDO, FL 32853
City/State and Zip Code

dorianrace@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIAN RACE at (407) 616-5948
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: RAVEN ENTERPRISES, LLC
2. The principal office address: 821 Herndon Ave., Suite 532023
   Orlando, FL 32803
3. The mailing address (if different): PO BOX 532023
   Orlando, FL 32853
4. Date of incorporation/qualification: 8/24/2006 Document number: L06000083883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Small Business Resources USA, Inc.
   1601 Park Center Drive, ste 6A
   Orlando, FL 32835

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Paula Horne, HHCBR
   940 Centre Circle, Suite 3014
   P.O. Box NOT acceptable
   Altamonte Springs, FL 32714

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dorian Race — Signature of an Officer or director

DORIAN RACE MGRM — Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Paula Horne, HHCBR — Signature of Registered Agent

5/6/15 — Date

If signing on behalf of an entity:

Paula Horne
Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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