(Re	equestor's Name)	
· (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TAIL MINISTER FOR THE PHONE
THE PHON

DEC 15 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pox Pro	operfies, LLC me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
John J. Ford Name of Person	·	
Firm/Company	<u></u>	
308 NW Address	<u>e</u> ,	secon
Delray Beach, Fl. City/State and Zip Code	3844	FIL BOOK IL
instinction of the used for future and	Hes. (CM) nual report notification)	LOF STATE
For further information concerning this matter	r, please call:	
John J. Ford Name of Person	at (56) 573-2295 Area Code & Daytime Telephone N	umber
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	g amount:	
♥ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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 Tiorius.	
1. Name of the limited liability company: <u>hax Paper Les</u> , <u>UC</u>	
2. (a) (b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX	•
308 NW lAvenue 308 NW l Avenue	
Delray Brook, FL 33444 Selray Broch, FI 334	44
09/11/2006	
3. Date of filing/registration in Florida 4. Document number	
5. (a)	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
John J Ford	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
- 0	
210 Enfield PD 聖馬卫	
belray beach FL 38444	
Tenag Otto 7	! •
سے بن شے	,
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
Enter name of the water tell Agent and to the water tell other and tell.	
NEW Registered Office Address:	
308 NW 1 Avenue.	
Delray Beach FL 33444	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a	flor
the change or changes are made, the Florida street address of the registered office and the business office of the reg	zistered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chang	e(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provid the articles of organization or the operating agreement of the limited liability company.	ed in
Signature of a prember or authorized representative of a member Printed or typed name of signee	
7.	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.	rith the laccept ng filed been
Signature of Registered Agent	

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