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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Online D), rectou	y Services L.LC	
Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office Chang	ge and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matter to the following:				
Peter Stolz				
	Name of Person			
	Firm/Company			
382 N	VE 191st Street #25664			
	Address			
	Addiess			
Miam	i, FL 33179			
	City/State and Zip Code			
peterstolzfl@aol.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Peter	Stolz 95	54 343-	-5571	
	Name of Person	Area C	ode & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING	ADDRESS:	
Registration Section Division of Corporations		,	Registration Section	
		Division of	Division of Corporations	
	Clifton Building	P.O. Box 63		
	2661 Executive Center Circle	Tallahassee,	Florida 32314	
	Tallahassee, Florida 32301	j		
	Enclosed is a check for the following amount	:		
	■ \$25 Filing Fee	S55 Filing	Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ibmits the following statement in order to change its registered office or registered agent, or both, in the State of Name of the limited liability company: 382 NE 191st Street 382 NE 191st Street Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) #25664 #25664 Miami, FL 33179 Miami, FL 33179 L0600010083 4. Document number Corporate Creations Network, Inc. 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 Enter name of NEW Registered Agent and/or NEW Registered Office address 382 NE 191st Street NEW Registered Office Address: #25664 FI 33179 Miami the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after e change or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in e articles of organization of the operating agreement of the limited liability company. Peter Stolz Signature of a member of sentonized representative of a member Printed or typed name of signee hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept e obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been otified in writing of this Change ignature of Registered Agent