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T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations	A A		
SUBJECT: Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Lewis Roberts			
Name of Person Name of Person Name of Person Name of Person	S		
/ Firm/Company			
631 Palm Springs Drive #114			
Address			
Altamonte Springs, FL 32701			
City/State and Zip Code	-		
lewis@Irlawoffice.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, please	se call:		
Lewis Roberts	/407 \ 749-0080		
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:			
■ \$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 Name of the limited liability company: Principal office address of limited liability company Mailing address of limited liability company. MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number Lewis Roberts 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 105 West Orange Street Altamonte Springs 32714 Lewis Roberts Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 631 Palm Springs Drive #114 32701 Altamonte Springs 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. Lewis Roberts 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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the charge. notified in writing of the

Signature of Registered Agent