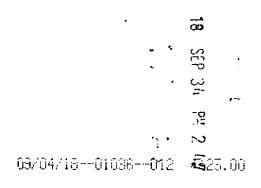
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)			
(Document Number)				
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COVER LETTER

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INHS18 (2/14)

TO: Registration Section Division of Corporations					
POWER DRY, LLC SUBJECT:					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this n	matter to the following:				
JON M. ODEN, ESQ.					
Name of Person					
WILLIS & ODEN, PL					
Firm/Company	 				
2121 S. HIAWASSEE ROAD, SUITE 116					
Address					
ORLANDO, FL 32835					
City/State and Zip Code					
garcher777@earthlink.net					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	case call:				
JON M. ODEN, ESQ.	407 903-9939				
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				

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. Na	ame of the limited liability company: POWER DRY	, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2462 STATE ROAD 426, # 1038	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) INTER SPRINGS BLVD.# 106-221
	OVIEDO, FL 32765		OVIEDO	O, FL 32765
	4/11/2007		L070000	38767
3.	Date of filing/registration in Florida ARCHER, GEORGE	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept, of Stat	– re:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE	<u>SS)</u>	
	OVIEDO	3276	5	ر) د
	Enter name of NEW Registered Agent and/or NEW Registered 2121 S. HIAWASSEE ROAD NEW Registered Office Address: SUITE 116	Office	address:	217
	ORLANDO, FL	3283	5	_
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reability f the I limite	gistered offic company, it i imited liabilit d liability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been accompanied in writing of this change.	perfor	mance of miv	duties, and I am familiar with and accept-
Signatu	re of Registered Agent ~ n. Oler, Esy (Partner Willis Do	ν, ^ρ	()	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00				