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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER							
TO: Registration Section Division of Corporations							
SUBJECT: the thinking hat (Name 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 matter to the following:							
Vlad vishnevetskiy (Name of Person)							
The Thinking Hat							
(Firm/Company)							
1200 Brickell Bay drive apt 2318							
(Address)							
miami, florida 33131							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
roberto pedroso at (917) 8063067							
(Name of Person) (Area Code & Daytime T	'elephone Number)						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:							

✓ \$55 Filing Fee & Certified Copy

☐\$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limit	ed liability cor	mpany is: The Thinking Hat				
2. The mailing address of	of the limited l	iability company is : 1200 Brickell E	Bay Driv	/e, u	nit 23	18
Miami , florida 33131						
6/13/2007 L07000062168						
3. Date of filing/registra	tration in Florida 4. Document number					
5. The name of the regist Florida Department of		I the registered office address as show	vn on th	e rec	cords (of the
	1200 Bricke	Name ell Bay dr. unit 2318				
	i i i i i i i i i i i i i i i i i i i	Address				
	Miami, Flori		≥	S	200	
		City, State and Zip	12	ECR	J	enclosia a
6. The name and address of the new registered agent and/or office:		HAS	Ê TA	2007 JUL 23	1 1	
	Vlad Vishne	vetskiy	7.	330		<u> </u>
Name 1200 Brickell Bay dr. unit 2318			OF STATE	РИ З:		
	Florida stre	et address (P.O. Box NOT acceptabl	e) 🕄		3: 44	
	Miami	FL 33131				
		City, State and Zip				
confirmed that after the cand the business office of liability company it is he	change or chan f the registered ereby confirme mited liability ent of the limite		ess of thase of a	e reg Flor	gistere ida lin	ed office nited
roberto pedroso	 					
(Printed or typed name of signed	•			_		
I nereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirn	ontment as reg ns of all statut nd accept the o this document n that the limit	ristered agent and agree to act in this es relative to the proper and complet bligations of my position as register is being filed to merely reflect a cha ed liability company has been notifie	capacii e perfor ed agent nge in th d in wri	ty. I man t as p ne re ting	furthe ce of i provid gister of this	er agree to ny duties, ed for in ed office s change.

(Signature of Registered Agent)