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COVER LETTER

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	on of Corporations		
SUBJECT:	SJECT: Cloudy Logic, LLC		
	Name of Limited Liability Company		
Dear Sir or M	ladam:		
The enclosed	Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to the following:	
	Kenneth Lowrie		
	Name of Person		
	Cloudy Logic, LLC		
	Firm/Company		
	19115 FM 2252 STE 21		
	Address		
	Garden Ridge, TX 78266		
	City/State and Zip Code	 	
	info@cloudylogic.com		
E-mail addr	ess: (to be used for future annual report i	notification)	
For further in	formation concerning this matt	ter, please call:	
	Kenneth Lowrie	at (407) 385-0257	
	Name of Person	Area Code & Daytime Telephone Number	
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:	
Regist	ration Section	Registration Section	
	on of Corporations	Division of Corporations	
	n Building	P.O. Box 6327	
2661 F	Executive Center Circle	Tallahassee, Florida 32314	
Tallah	assee, Florida 32301		
Enclo	sed is a check for the following	ng amount:	
\$25	5 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 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.

Name of the limited liability company:	Cloudy Logic, LLC
2. (a) Principal office address of limited liability company	19115 FM 2252 STE 21
(Note: MUST BE STREET ADDRESS)	Garden Ridge, TX 78266
(b) Mailing address of limited liability company:	19115 FM 2252 STE 21
(Note: MAY BE POST OFFICE BOX)	Garen Ridge, TX 78266
8/9/2007	L07000081875
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Kenneth Lowrie
Registered Office Address:	394 Woldunn Circle Lake Mary, FL 32746
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	Registered Agents Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3030 N. Rocky Point Dr. STE 150A
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tampa ,FL33607
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Kenneth Lowrie	_
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby conterm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Dan Keen-President

d Agent