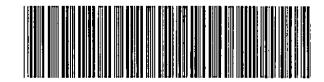
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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
/D in	C-44. NI	
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Certified Copies Certificates of Status		
Special Instructions to Fili	ing Officer:	
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Office Use Only



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TECHROEDER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAPIDISE Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Sacob Travb Name of Person	·-··-
Firm/Company	
1705 715 Street Mu Address	<u>) </u>
Bradestry, F2 3 420 City/State and Zip Code	7
SMPFIONE DA WERF E-mail address: (to be used for future annual report	
For further information concerning this matter, please ca	11:
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	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

CIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. Name of the limited liability company: May PIDISE	
2. (a) (b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1705 7 Street MW 170 Bradentar, FZ 34209 By	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO. 25 71 Street V adunty, Fr 34.
3. Date of filing/registration in Florida 4. 5. (a) Date of Traub	800007386/ Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of States Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5823 NSPINATION FLORIDA STREET ADDRESS) FL 34210 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	19 JUH 27 AM SELVE PART OF STALL AND ASSECT FOR
NEW Registered Office Address: 1705 7/5 Street MW Braden ton FL 34209	AGRADA 94:8
If the limited liability company is not organized under the laws of the State of Fithe change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	ty company or as otherwise provicing any.
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this cap provisions of all stanties relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 to merely reflect a change in the registered office address. I hereby confirm that notified in writing of this change Signature of Registered Agent	Printed or typed name of signee pacity. I further agree to comply we duties, and I am familiar with and 5. F.S. Or, if this document is being the limited liability company has

TATE CONTRACTOR