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COVER LETTER

Division of Corporations	
SUBJECT: AUSTIN LLC 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:	-
Robert Allew Austin	
Allen Austin, LLC Firm/Company	
1105 Maldonado Ar	
PRNSAA Beach FL 32561 City/State and Zip Code	U
GIENO QUSTIN 1 GG mail o Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Allew ALSAW at (850) 916-7481 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 \$\times \text{S55 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.

1. Name of the limited liability company:

Algorithms Algori

19WIN CCC
y:
1105 Maldonado Dr.
SAME
L\$9000055185 4. Document number
the records of the Florida Dept. of State:
United States Corporation Agants Dri
13202 Winding Oaks RIVD
W Registered Office address:
Robert Allow Austin
1105 Majorwado Pr Persocola Book FL (256)
laws of the State of Florida, it is hereby Florida street address of the registered office atical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote erwise provided in the articles of organization y. Agree to act in this capacity of further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.

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