Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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: (850) 617-6383

from:

Account Name : FASTRIT CORP

Account Number : I20100000009 % Phone : (305)599-08385

: (305)599-083 : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KILPATRICK LLC

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office address on our	records, enter the name of the no			
MARY E. PRADOS, CPA PA				
8740 NE 2ND AVENU	JE			
egistered Office Address: Enter Florida street address				
Cltv	Florida 33138			
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JACOB HOEKSTRA	8740 NE 2ND AVENUE	
		EL PORTAL, FLORIDA 33138	■ Remove
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MGR	JACOB HOEKSTRA	8740 NE 2ND AVENUE	≅ Add
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17TH DAY OF OCTOBER	2017			
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