109000080622

| (Requestor's Name) | | | | | |
|---|------------------|--------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/St | ate/Zip/Phone #) | . | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
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SECRETARY OF STATE

COVER LETTER

| TO: | | ration Section on of Corporations | | | |
|----------|-----------------------|--------------------------------------|----------------|---------------|---|
| SUBJ | ECT: _ | NitroGraphix LLC | | | |
| | | | Name of Lin | nited Lia | bility Company |
| Dear S | Sir or Ma | dam: | | | |
| The en | iclosed R | egistered Agent/Registered | Office Chan | ige and fo | ee(s) are submitted for filing. |
| Please | return al | I correspondence concerning | g this matter | to the fo | llowing: |
| N | estor Na | varro | | | |
| | | Name of Person | | | |
| } | NitroGra _l | phix LLC | | | |
| | | Firm/Company | | | _ |
| 1 | 1317 Edg | gewater Dr. Suite 757 | | · | _ |
| | | Address | | | |
| | Orlando | . FL 32804 | | | _ |
| | | City/State and Zip Coo | le | | |
| I | mail@ni | trographix.com | | | |
| <u> </u> | E-mail ad | dress: (to be used for future | annual repo | rt notifica | ation) |
| For fu | rther info | ormation concerning this ma | tter, please c | all: | |
| | Nestor N | lavarro | at (| 561 | 839-4447 |
| | • | Name of Person | | | Area Code & Daytime Telephone Number |
| | Mailin | ig Address: | | | Street Address: |
| | | ration Section | | | Registration Section |
| | • | on of Corporations | | | Division of Corporations |
| | | 80x 6327 | | | The Centre of Tallahassee |
| | Tallah | assee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclos | ed is a check for the follow | ing amount | l: <u>,</u> | |
| | □ \$ 25 | Filing Fee | | ☑ \$55 | Filing Fee & Certified Copy |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. | No | ame of the limited liability company: NitroGraphi | x LLC | |
|---------------------------|-------------------------------|--|--|--|
| 2. | (a) | 1317 Edgewater Dr | (b) | 1317 Edgewater Dr |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Suite 757 | | Suite 757 |
| | | Orlando, FL 32804 | | Orlando, Ft. 32804 |
| | | August 20. 2009 | _ | L09000080622 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | Nestor Navarro | | |
| | · · · · | Registered Agent and Registered Office shown on the records of | the Florida D | Dept. of State: |
| | | 1317 Edgewater Dr | | |
| | | Registered Office Address (MUST BE FLORIDA STREET. | ADDRESS) | |
| | | Suite 757 | | |
| | | Orlando FI | ,32804 | TAEFO TO TAEFO |
| | (b) | Kelly Miller | | E P |
| | . , | Enter name of NEW Registered Agent and/or NEW Registered | ren: | |
| | | 1317 Edgewater Dr | | FILE BY OF STANDERS OF STANDER |
| | | NEW Registered Office Address: | | <u> </u> |
| | | | | |
| | | Orlando, FL | 32804 | 4 |
| cha age was | nge nt w s/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | registered oblity complete from the limited liab | office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. |
| S | ignat | ure of a member or authorized representative of a member | ives | Stor Navarro Printed or typed name of signee |
| I h pro the to n | ereb visio obli nere | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. | ve to act in performanc I for in Cha vereby conf. | this converte. I further correcte commb with the |
| Sign | natur | e of Registered Agent | | |

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