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(Řequ	estor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation	us
SUBJECT: Squeeze	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	e concerning this matter to the following:
Cindy Diazi	Esq.
Firm/Comp	any
7337 Leyas Address	trail
Boca faten f	7 33487 . Zip Code
Cindu diaz @ ag E-mail address: (to be used for full	ire annual report notification)
For further information concern	ning this matter, please call:
Cindy France of Person	at (954) 798-7619 Area Code & Daytime Telephone Number
STREET/COURIER AI	DDRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center C Tallahassee, Florida 3230	irele Tallahassee, Florida 32314
Enclosed is a check fo	r the following amount:
\$25 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.

1. Name of the limited liability company: Squeeze	2-n-pleeze, 1/c		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7337 teras trail		
(Note: WUST BE STREET ADDRESS)	100ca fatch 61 3348.1		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7337 terras bail Boca Latan F1 33487		
3. Date of filing/registration in Florida	2/000003690C 4. Document number		
5 () D : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Cindy Diaz, Esq.		
Registered Office Address:	9542 Tavernier Drive Boxa Raton, Fl 33496		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	Cindy maz Esq. 7337 Texas Trail Boca Caten		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by aff affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member or authorized representative of a member			
Printed or typed name or signee	#H: 56		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand 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 confirm that the limited liability compan	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 wrely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			

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