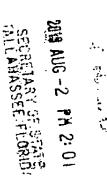


(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





Q8/02/19--01013--024 **25.00





COVER LETTER

TO:	Registration Section			-9			
	Division of Corporations						
SUBJI	UP IN SMOKE RYO, LLC			The state of the s			
	Name of Limited Liability Company						
Dear S	ir or Madam:			100 mg			
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.	186			
Please	return all correspondence concerning this	s matter to the f	following:				
TYLE	R TROISI						
	Name of Person		_				
UP IN	I SMOKE RYO, LLC						
	Firm/Company		_				
13600) US HWY 1, SUITE 9						
	Address		_				
SEBA	STIAN, FL. 32958						
	City/State and Zip Code						
upins	mokeryo@aol.com						
E	-mail address: (to be used for future annu	ual report notifi	cation)				
For fur	ther information concerning this matter,	please call:					
Tyler	Troisi	store	772-918-2002				
	Name of Person		Area Code & Daytime Telepho	ne Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				

INH\$18 (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. N	ame of the limited liability company:	E RYC), LLC	
2. (a)	13600 US HWY 1, SUITE 9	(b) <u>same</u>	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sebastian, Fl. 32958			
	July 21, 2010		L100000	076547
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the records of VIRGINIA DETORO	the Florid	la Dept. of St	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13600 US HWY 1, SUITE 9			TOTAL AND -2 TABLE AND SECRETARY
	SEBASTIAN, FI	32958	3	143
· (b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2: 01 FLORID
	TYLER TROISI			
	NEW Registered Office Address:			
	13600 US HWY 1, SUITE 9	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>
	SEBASTIAN FL	32958	3	_
the cha agent v was/was/wathe art	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the operating agreement of the	the reg ability of the lin limited	istered offic company, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	perform d for in hereby o	nance of my Chapter 60 confirm tha	v duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed 1 the limited liability company has been
ا مر	in Clini		yler	Troisi
Signatu	re of Registered Agent		(