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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	FUN TIME INFLATABLES L	rc				
		ne of Limited Liability Company				
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
JORI	DAN TYLER					
	Name of Person					
LEG	ALINC CORPORATE SERVICES	INC.				
	Firm/Company					
1623	CENTRAL AVE, SUITE 145					
	Address					
CHE	YENNE, WY 82001					
***********	City/State and Zip Code					
JORI	DAN@LEGALINC.COM					
Ī	E-mail address: (to be used for future ann	nual report notification)				
For fu	rther information concerning this matter,	please call:				
JOR	DAN TYLER	970 581-6156				
	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 Tallahassec, Florida 32314				
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS1	8 (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. Na	ame of the limited liability company: FUN TIME IN	IFLATA	BLES LL	С			
2. (a)			o)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limite			•
	8780 MERSEYSIDE AVE		8780 M	ERSEYSIDE AV	E		
	JACKSONVILLE, FL 32219		JACKS	ONVILLE, FL 322	219		
	10/22/2010		L100001	10717			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	USA-RA LLC						
5. (a)	Registered Agent and Registered Office shown on the records of 841 PRUDENTIAL DRIVE	the Florid	a Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES.	<u></u>	_			
	12TH FLOOR				SEC	5	
	JACKSONVILLE , FL	32207	•	_	AHA	DEC	1
(b)	LEGALINC CORPORATE SERVICES INC.			_	TARY O	17 A	Parties.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :		OF S	AH 8	Province:
	5237 SUMMERLIN COMMONS			_	STATE	8:18	i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela c
	NEW Registered Office Address:				32		
	SUITE 400			_			
	FORT MYERS , FL	33907	,	_			
the cha agent v was/we	imited liability company is not organized under the lawage or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litera authorized by an affirmative vector of the members of cles of organization or the operating agreement of the	f the regi ability c of the lin limited	istered offic ompany, it nited liabili	te and the business of is hereby confirmed ty company or as oth impany.	office of	the re	gistered
Signa	fure of a member of authorized representative of a member			Printed or typed name	of signee	:	
provisi the obl to mer notified	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete lightions of my position as registered agent as provide ely reflect a diange in the registered office address, I d in writing of this change.	perforn d for in	iance of my Chapter 60	duties, ånd I am far 5. F.S. Or. if this de	miliar w ocument	ith and is bei	l accept 12 filed
- : 6	Division of Corporations • P.O.	Dox 623	7a Tellaka	usean El 22214			
	Division of Corporations P.O.	DUX 032	/= ramana	135CC, FL 32314			

FILING FEE: \$25.00