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\$25 Filing Fee

COVER LETTER

TO: Registration Section Division of Corporation			
subject: <u>56</u> -	-M Meta 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 correspo	ondence concerning this m	atter to the following:	
David 1	ne of Person	· .	
Som Me	2 fals LLC		
8895 N. A	Mitary H. St Address	£ 106E	
Polr Beach City/Sta	CAROLIS A. ate and Zip Code	33410	
E-mail address: (to be used	DSSMMe & 15. C for future annual report notification	<u>û </u>	
For further information co	oncerning this matter, plea	ase call:	
Pavid Lov Name of Person	L at (Area Code & Daytime Telephone Nur	nber
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a che	ck for the following amo	unt:	

\$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. 56m netals 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida at is Bereby 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 Porida Emited liability company, it is hereby confirmed that the change(s) was/were authorized by as 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.

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 608, 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.

Signature of Registered Agent

Signature of a member or authorized representative of a member