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

	sistration Section ision of Corporations				
SUBJECT:	ByoPlanet International, LLC				
	Name of L	imited Liability Company			
Dear Sir or	Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
William R	. Holloway				
	Name of Person				
ByoPlane	t International, LLC				
	Firm/Company				
2416 N. A	Atlantic Blvd.				
	Address				
Ft. Laude	rdale, FL 33305				
	City/State and Zip Code				
rholloway	@bỳoplanet.com				
E-mai	address: (to be used for future annual rep	port notification)			
For further	information concerning this matter, please	call:			
John M. C	Sarmhausen at (937 492-1271			
-	Name of Person	Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: cistration Section ision of Corporations ion Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
☑ \$	325 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. N	ame of the limited liability company: ByoPlanet In	iternat	on	al, LLC	
2. (a)	1305 SHOTGUN ROAD		(b) 1305 SHOTGUN ROAD		
(-)	Principal office address of limited liability company:		1-7		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS) SUNRISE, FL 33326			SHINDISH	E, FL 33326
	301NI3E, FL 33320			JUNNISI	E, FL 33320
	August 6, 2012		L	1100004	2853
3.	Date of filing/registration in Florida	4.			Document number
5. (a	Richard O'Shea				
\-	Registered Agent and Registered Office shown on the records o			Dept. of State	
	Registered Office Address (MUST RE FLORIDA STREET	AUUKE	<u> </u>		_
	4005 0110701111 0040 0				15 15
	1305 SHOTGUN ROAD, Sunrise	L_3332	26		HAR
(b)	William R. Holloway				N +
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	<u>ress</u> :	- Р - Р - Н
					本
	NEW Registered Office Address:				7 PH 3: 54
	2416 N. Atlantic Blvd., Ft. Lauderdale	333(05		
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re- inbility of the le limite	gist cor imi d li	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	ature of a member or authorized representative of a member				Printed or typed name of signee
	eby accept the appointment as registered agent and as tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, is ad in writing of this change.	gree to de e perfor ed for it hereby	nct ma n C	in this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
-	-				