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SECTION OF STATES

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of Limited	Liability Company		
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
·			
Ocel Hagler Name of Person			
SPTU LLC Firm/Company			
Moy Cardinal Cove C	<u> </u>		
Sanford fl. 32771 City/State and Zip Code			
Coel-Hagler @ amail - Com E-mail address: (to boused for future ambal report notification)			
For further information concerning this matter, please call:			
Joel Hagler at (3	Arca Code & Daytime Telephone Number		
Name of Ferson	Area Code & Daytine Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for 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.

agent, or both, in the state of Prortaa.	
1. Name of the limited liability company:	id hhc
2. (a) Principal office address of limited liability compar	y: OPIU LLC
(Note: MUST BE STREET ADDRESS)	7104 Cardinal Come Cir. Sanford TL 32771
(b) Mailing address of limited liability company:	JAIN LLC
(Note: MAY BE POST OFFICE BOX)	7104 Cardinal Cove Cir. Sanford the 32771
3. Date of filing/registration in Florida	1. 10000 548 47 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	US Corporation Agents Inc
Registered Office Address:	13302 Winding Oak Court
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
NEW Registered Agent:	Joel Hagler To 3
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JOY CARDINAL COME 32771
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a member or authorized representative of a member Printed or typed name of signee	
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	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent