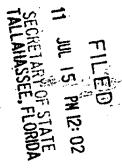
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: 19 1 1 | Used designs, Lability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Office | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| Milsa Reynosu Name of Person | <u>) </u> | |
| Hector's Wood Firm/Company | dosigns, LLC | |
| 15420 SW 13654 Address | , Unit 46. | |
| miami FL, 33196 City/State and Zip Code | <u>. </u> | |
| E-mail address: (to be used for future annual report notification | ins a smuil. com | |
| For further information concerning this matter, plea | ase call: | |
| Name of Person at (| 186) 250 - 5471 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 Tallahassee, Florida 32314 | |
| 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 60 liability company submits the following statement in o agent, or both, in the State of Florida. | 8.508, Florida Statutes, the undersigned limited rder to change its registered office or registered |
|---|---|
| 1. Name of the limited liability company: Hect | oris wood designs, w |
| 2. (a) Principal office address of limited liability comp | 10(100 0.1) 10(5+ |
| (Note: MUST BE STREET ADDRESS) | Unit . # 46, miami, # 133196. |
| (b) Mailing address of limited liability company: | ECC ET |
| (Note: MAY BE POST OFFICE BOX) | TARRY L 15 |
| 05/27/11 | PE PE |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | Sheila Dang |
| Registered Office Address: | United State Corp. |
| | Tampa, FL, 33612. |
| (b) Enter name of NEW Registered Agent and/or N | NEW Registered Office address: |
| NEW Registered Agent: | nilsa Reynoso |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 15470 Sur 1360 St. Unit 46 mianing FL, 33196. |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. | e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization |
| Signature of a member or authorized representative of a member | |
| Printed or typed name of signet | <u> </u> |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, If S. Or, if this document is being filed to address, Nagreby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |
| Signature of Reg stered Agent | |
| Division of Corporations, P.O. Box FILING FEE | · · |