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DIVISION OF CONSTRUCTIONS

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COVER LETTER

Registration Section TO: **Division of Corporations** 7th Wave LLC 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 correspondence concerning this matter to the following: **Lindsay Malboeuf** Name of Person 7th Wave LLC Firm/Company 1430 Vernon Ave Key West / FL / 33040 City/State and Zip Code i@7thw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lindsay Malboeuf Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Enclosed is a check for the following amount:

■ \$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

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.

(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) (c) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (d) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (e) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (f) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (h) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (h) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (h) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (h) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (h) Mailing address of limited liability company is not office shown on the records of the Florida Dept. of State: (Note: MAY BE POST OFFICE BOX) (Note: May Be Post of Be	1. Name of the limited liability company: 7th Wave LLC			
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Thereby 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

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