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## COVER LETTER

w.

Division of Corporations	
	cimited Hability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Paul Lyons Name of Person	
Frekl Holdings	LLC
218 Evergrene	Phny
Palm Beach Gordens City/State and Zip Code	Florida 33410
E-mail address: (to be used for future annual report no	fmail.com  otification)
For further information concerning this matter	er, please call:
Paul Lyons Name of Person	at ( 401 ) 529 3666  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	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Conv

## 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 Mortaa.			
1. Name of the limited liability company:Frek	Holdings LLC		
2. (a) Principal office address of limited liability company:	204 Evergrene Pkmy		
(Note: MUST BE STREET ADDRESS)	Palm Beach Gordens		
(b) Mailing address of limited liability company:	204 Evergrene Pkmy		
(Note: MAY BE POST OFFICE BOX)	Palm Beach Gordens		
3. Date of filing/registration in Florida			
	The same		
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	Remarks of the Florida Bept, or State:		
Registered Office Address:	204 Ever month of I		
	Palm Brack Contents =		
(b) Entermone of NIPSS/ Project and American J/ a NIPSS	ORD 35		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	Registered Office address:		
NEW Registered Agent:			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	218 Evergiene Pkwy		
, west by the King to Kara Tabbands	,FL 339/0		
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
Signature of a member of authorized representative of a member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608. F.S. Or, if this document is being filed to meraddress, whereby tenfirm that the limited liability company Signatur of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

**FILING FEE: \$25.00** 

Υ,