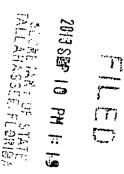
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	·		•	
SUBJECT: Lenovatio Hadir Name of Limited L	NAS, LCC.			
Dear Sir or Madam:		·		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitte	ed for filing.		
Please return all correspondence concerning this matter		-		
Gelky Delgado Name of Person		2819 TALL		
Rencyatio Holdings, CCC.	<u></u>	SECULIARY 16		
229 WEST 141 ST Address		PM H: 19 OF STATE S.FLORIDA		
HI Al-Cah, Fc. 3300) City/State and Zip Code				
DENKYS & YUHOU. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	e call:			
Gelkys Delgado at (30)	Area Code & Daytime Telepho	One 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 & Certifie	ed 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.

1.	Name of the limited liability company:	tio Holdings, LCC.	
2.	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2(a) Westward Orive #101 Midmi Springs, R. 3311de	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	210 Westward drive #101 miami springs, Fc. 33140	
3 .	$\frac{1 30 20 2}{\text{Date of filing/registration in Florida}}$	L/2(11)149886 Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	Eugenio Delgado	
	Registered Office Address:	2(a) WEHWAYA Drift	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
	NEW Registered Agent:	Martha Chorens =	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	229 West 14 Street: 33010	
ar lia th th	the limited liability company is not organized under the land infirmed that after the change or changes are made, the Florid the business office of the registered agent will be identified bility company, it is hereby confirmed that the change(s) e members of the limited liability company or as otherwise operating agreement of the limited liability company.	iws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
Pı	Gelkys Delgado rinted or typed name of signee	-	
I car C aa	hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post hapter, 608, F.S. Or, if this document is being filed to mer diress, hereby confirm that the limited liability company	gree 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

Signature of Registered Agent