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## COVER LETTER

Division of Corporations	
DUDE IP LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
RYAN STURGIS	,
Name of Person	
DUDE IP LLC	
Firm/Company	
102 NE 1ST AVENUE	
Address	
DELRAY BEACH, FL. 33444	
City/State and Zip Code	NEC PEC
RSTURGIS@DELIVERYDUDES.COM	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	
RYAN STURGIS 56	1  900-7060 $\qquad \qquad \qquad$
Name of Person	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

INHS18 (2/14)

## ◆ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	ame of the limited liability company: DUDE IP LLC					
2. (a)	102 NE 1ST AVENUE	(b) 102 NE 1ST AVENUE				
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,_		niling address of limited liability (Note: MAY BE POST OFFIC		
	DELRAY BEACH, FL.	D	ELRAY	BEACH, FL.		
	33444	3	3444			
	01/03/2013	<u>L1</u>	3000001	₽ <b>₽</b> 27		
3. 5. (a)	Date of filing/registration in Florida RICHARD VIENS	4.	D	Document number		
J. (u)	Registered Agent and Registered Office shown on the records of the 102 NE 1ST AVENUE. DELRAY BEACH, FL	. 33444	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET AL 102 NE 1ST AVENUE	DDKESS)				
	DELRAY BEACH .FL 3	3444				
(b)	Enter name of NEW Registered Agent and/or NEW Registered C  SAME  NEW Registered Office Address:	Office addres	<u>\$</u> :	(ALL to a	2018 DEC 1	9220 6220 6220 6220 6220 6220 6220 6220
	SAMEFL_				7 PH 2:3	9
the cha agent v was/w	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he register oility comp the limited	ed office a any, it is h I liability o	and the business office of the reby confirmed that the company or as otherwise r	he registe change(s)	ered )
Ciano	ture of a member or whorized representative of a member	RYAN	STURG			
I here provisi the obl to mer notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p instance of my position as registered agent as provided ely reflect a change in the registered office address. I he d'in writing of this angue.	erformanc for in Cha creby confi	this capac e of my du pter 605, I rm that the	ties, and I am familiar wil F.S. Or, if this document i e limited liability company	iply with h and acc s being fi t has been	the cept led n
- <del></del>	Division of Corporations P.O. Bo	ox 6327● 1	fallahasse	e, FL 32314		

**FILING FEE: \$25.00**