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| Special Instructions to Filing Officer: | | |
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COVER LETTER

Registration Section

| Division of Corporations | | | | |
|--|--|-------------------------------|------------|---|
| SUBJECT: A Happy 2B Nap Name of Limited L | OPY Vibration Liability Company | 21 | . <u>C</u> | • |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted fo | r filing | • | |
| Please return all correspondence concerning this matt | er to the following: | | | |
| Goddess Queen U-Ah: Name of Person A Happy 2B Nappy Vi brati | | TAL. | 13 | |
| 3051 SW 3R) AVE Sui | te#7 | | HAY 2 | |
| Address MIaMI, FL 33129 City/State and Zip Code Gueen goddess 125@97 DE-mail address: (to be used for future annual report notification) | · · · | WAY OF STARE SSEE, FLORIDA | 24 保田 6:26 | |
| For further information concerning this matter, please | call: | | | |
| Goddess Queen U-Ahk at (9) Name of Person | 17 476 - 3287 Area Code & Daytime Telephone N | | <u> </u> | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations | | | |

P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Clifton Building

\$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

| liability company submits the following statement in order agent, or both, in the State of Florida. | er to change its registered office or registered |
|--|--|
| 1. Name of the limited liability company: AHAPPY | 2B Vibration LLC |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | A many many many many and a many of the ma |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 72 FT |
| 3. Date of filing/registration in Florida | 4. Document number |
| | * |
| 5. (a) Registered Agent and Registered Office shown on | • |
| Registered Agent: | Willie James Haynes |
| Registered Office Address: | 3051 SW 3RD AVESUITE#7 HIGHI, FC 33129 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | |
| NEW Registered Agent: | GODDESS QUEEN U-ANK |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3051 SW 3R) Ave Suite# 7 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of almember or authorized representative of a member Coddess Queen — Ahl | Torida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of ise provided in the articles of organization or |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugation of the company | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. |
| Division of Corporations, P.O. Box 6 | 327. Tallahassee, FL 32314 |

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

INHS18 (05/08)