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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 311 Exchange, 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:

Kristine M. Johnson, Esq.

Name of Person

Kristine M. Johnson, P.A.

Firm/Company

10620 Griffin Road, 106

Address

Cooper City, Florida 33328

City/State and Zip Code

kmjlaw@prodigy.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine M. Johnson

954

320-4595

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

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. N	ame of the	he limited liability company: 311 Exchange, LLC	
2 6	A Princi	pal office address of limited liability company	* 8872 SW 27th Street
۷. رن	(Note: MUST BE STREET ADDRESS)		Miami, Florida 33165
(l		Mailing address of limited liability company:	8872 SW 27th Street
	(Note: MAY BE POST OFFICE BOX)		Miami, Florida 33165
03/11/	2013		L13000037035
3. D	ate of fil	ling/registration in Florida	4. Document number
5. (a) Regis	stered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Regis	stered Agent:	Jay M. Ritz
	Regis	stered Office Address:	4459 NW 185th Street
	Regis	stered Office Address.	Miami, Florida 33055
0	a) Enter	name of NEW Registered Agent and/or NE	W Registered Office address:
(o) Enter	Traine of 142 11 registered rigent and of 142	· · · · · · · · · · · · · · · · · · ·
	<u>NEW</u>	Registered Agent: Output Description: Registered Agent: Registered Agent: Register	Jay M. Ritz
		Registered Office Address:	8872 SW 27th Street
	(MU	ST BE FLORIDA STREET ADDRESS)	Miami ,FL 33165
If th	e limited	I liability company is not organized under the	, , , , , , , , , , , , , , , , , , , ,
cont and liab the	irmed the busir lity come members	at after the change or changes are made, the Fness office of the registered agent will be identified in the change of the limited liability company or as otherwise agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote see provided in the articles of organization or
Signa	ture of a me	ember or authorized representative of a member	MAR I
lou k	l. Ritz		9 02
		name of signee	- PM 12
I ho com and Cha add	ereby acc ply with I am fan pter 608 ress, I he	cept the appointment as registered agent and a the provisions of all statules relative to the pr miliar with and accept the obligations of my po B. F.S. Or, if this document is being filed to me ereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duffer sittion as registered agent as provided for a crely reflect a change in the registered office by has been notified in writing of this change.
Sign	ature of Re	gistered Agent	
7	,		200 TO 11 1 TO 2021 /

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