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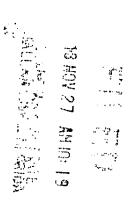
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section * Division of Corporations		¥	y -	
SUBJECT: Sairo	e of Limited 1	Liability Company)	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	l Office Chan	ge and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning	ng this matter	to the following:		
Jessica Saunc (Name of Person)	lers			
Saunders U.G. (Firm/Company)) 			
937 Aberdeen Di	γ,			
Cantonnent FL (City/State and Zip Code)	<u>32533</u>		10v 27 - 14 10v 27 - 14	
For further information concerning this ma	atter, please c	all:	10: 19 13: 19 18: 19	
Jessica Saunders (Name of Person)	at (<u>85</u> (Are		US3 Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDREST Registration Section Division of Corporati P.O. Box 6327 Fallahassee, Florida 3	ons	
Enclosed is a check for the follow	ving amount:	:		
\$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy		

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

Purguant 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 Floridă. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 300004152 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member prauthorized representative of a member) (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. (It) if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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