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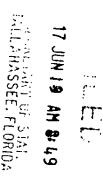
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Y CULKER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 630 (Ponce, LLC.					
Na Na	ame of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	this matter to the following:					
Jorge L. OiA	2 .					
Name of Person						
630 Ponce L	ie,					
1208 & Kenned Address	y Blud, Apt. 1214					
Tampa, Fl. 33602 City/State and Zip Code	- 					
E-mail address: (to be used for future ar	L. Long					
For further information concerning this matte	er, please call:					
Jorge L. DiAz Name of Person	at (786) 218-0437 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:						
1 \$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.

rumaa.					
L. Name o	f the limited liability company:	630	Pon	ce LLC.	
2. (a)	1208 E. Kennedy 1	Blud	(ħ) <u></u>	1208 8	Kennedy Blod.
	Principal office address of limited liability of (Note: MUST BE STREET ADDRE			-	of limited liability company: **BE POST OFFICE BOX**
	Ap+. 1214			Apt. i	214
7	Tampa, FL 3360	57	_	Tampa,	FC. 33602
	4-15-2013				054608
3.	Date of filing/registration in Flori		4.	Document i	number
5. (a)	Jerge L. DiAz	· 			
Regis	stered Agent and Registered Office shown on t	1		nt, of State:	
	1208 E. Kennedy	Blud	,		
Regi	stered Office Address (MU/ST BE FLORII	<u>DA STREET AD</u>	ODRESS)		
	Ap+. 1214				Σ
	Tampa	, Fl	336	c <u>2</u>	17 JI
(h)	David Deuts	ch.			JUN 18 AHASSE
Enter	name of NEW Registered Agent and/or NEV	W Registered O	ffice addres	<u>></u> :	₹ m
	1208 E. Kenned	4 Bl	vd.		FLORII FLORII
NEW	V Registered Office Address:				6
	Apt. 1214				
	anpa	, FI,_	336	07	
If the limited	d liability company is not organized u	nder the laws	of the Sta	te of Florida, it is he	reby confirmed that after
the change of	or changes are made, the Florida street e identical. Or, in the case of a Florid	t address of ti la limited liab	ie registere ility comp	ed office and the bus	firmed that the change(s)
was/were au	ithorized by an affirmative vote of the	members of	the limited	Hiability company o	or as otherwise provided in
	of organization or the operating agreed		mited habi	nty company.	\odot
Signatur	a member or authorized representative of a m	ember		Jarge L.	Vraz
Thereby acc	cent the appointment as registered as	ent and agree	to act in a	this capacity. I furt	per agree to comply with the
provisions o the obligation to merely re	of all statutes relative to the proper an one of my position as registered agent fleet a change in the registered office without this change	d complete pa as provided ; address, I he	erformance for in Chap reby confi	e of my duties, and I pter 605, F.S. Or, if rm that the limited l	am familiar with and accept this document is being filed iability company has been

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