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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations

MYLUMPSUM 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:

Amos Argentini

Name of Person

MYLUMPSUM LLC

Firm/Company

3507 Kyoto Gardens Dr #320

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

amalargentini@yahoo.com

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

For further information concerning this matter, please call:

Amos Argentini

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

Registration Section

INHS18 (5/08)

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. Name of the limited liability company: MYLUMPSUM LLC		
2. (a) Principal office address of limited liability compa	nsv: 10986 Bal Harbor Dr	
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33498	
(b) Mailing address of limited liability company:	10986 Bal Harbor Dr	
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33498	
5/9/2013	L13000068259	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Dept. of State:
Registered Agent:	Amos Argentini	76 B
Registered Office Address:	3507 Kyoto Gardens Dr #320	F. 22
Registered Office Address.	Palm Beach Gardens, FL 33410	至門 屋
	•	AA
		m ~ r
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office add	ress.
NEW Registered Agent:	Amos Argentini	- 17.5 12.5 13.5 14.5 15.5 16.5 16.5 16.5 16.5 16.5 16.5 16
NEW Registered Agent.	Arrios Arguntani	중
NEW Registered Office Address:	10986 Bai Harbor Dr	∵
(MUST BE FLORIDA STREET ADDRESS)	Boca Raton, FL 33498	· DI
	 	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signature of a member or authorized registentative of a member	Florida street address of the ntical. Or, in the case of a F (s) was/were authorized by a vise provided in the articles	registered office
Amos Argentini Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability compo	agree to act in this capacity or oper and complete perform ossition as registered agent nerely reflect a change in thing has been notified in writ	y. I further agree in nance of my duties as provided for in eregistered office ing of this change.
Signature of Registered Agent		

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