L130000 78 199

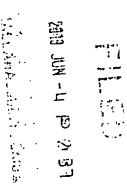
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100329919691

06/04/19--01017--027 **25.00





COVER LETTER

v	stration Section sion of Corporations				
SUBJECT:	Moto4Play				
Name of Limited Liability Company					
Dear Sir or N	Madam:				
The enclosed	Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.		
Please return	all correspondence concerning this	s matter to the fo	ollowing:		
Kyle R Tur	nis				
•	Name of Person		-		
Moto4Play					
	Firm/Company		-		
2440 Lazy	Acre Road				
	Address		-		
Mascotte/	FL 34753				
	City/State and Zip Code		-		
Kyle@mot	o4play.com				
E-mail	address: (to be used for future annu	al report notifica	ation)		
For further in	formation concerning this matter, p	olease call:			
Kyle R Tur		407 _at (729-5184		
	Name of Person		Area Code & Daytime Telephone Number		
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enck	osed is a check for the following a	imount:			
☑ \$2	5 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.

Name of the limited liability company: 2440 Lazy Acre Road Mascotte, FL 34753 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)				Masco	otte, FL 3	4
Principal office address of limited liability company:		1	Mailine ad				4/5
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				y:	
05/30/2013	L	.1300007	78199	<u>-</u>		·	
Date of filing/registration in Florida	4.			nt numb	er		
Kyle R Turnis							
(a) Registered Agent and Registered Office shown on the records of the	Florida D	Dept. of State	E:				
Owner		,					
Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)						
2440 Lazy Acre Road							
Mascotte 34	 1753		•				
,FL							
b) Kyle R Turnis Enter name of NEW Registered Agent and/or NEW Registered Off	fice addr	<u>'ess</u> :	-				
MGR and Owner			-	:	D÷3		
NEW Registered Office Address:					6.83		
2440 Lazy Acre Road				i) Žvi	<u> </u>		
				्रिक्ते इस्तार विकास		San San San San San San	
Mascotte , FL 34	1753			** **	— 77:	2	
e limited liability company is not organized under the laws of	af tha S	tota of Fla	ا دام ادا	a harabu	E Carrier	i- and that aff	٠
change or changes are made, the Florida street address of the	e registe	ered office	and the	búsiness	office	of the regi:	stere
nt will be identical. Or, in the case of a Florida limited liabil were authorized by an affirmative vote of the members of the	lity con	npany, it is	hereby	confirme	:d- th at t	he change((s)
articles of organization or the operating agreement of the lim				iy or as c	ouici wis	se provided	7 111
Mu	Jade	Lauren	Turnis				
gnature of a member or authorized representative of a member			Printed of	r typed nar	ne of sign	100	
reby accept the appointment as registered agent and agree visions of all statutes relative to the proper and complete perobligations of my position as registered agent as provided for erely reflect a change in the registered office address, I herefied in writing of this change.	to act in rforman or in Ch eby con	n this capa ace of my a aapter 605 afirm that i	icity. I f luties, ar , F.S. Oi the limite	urther as nd I am f r, if this ed liabili	gree to c amiliar docume ty comp	comply wit with and a nt is being cany has be	h th icce file en
abire of Registered Agent							