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B. BOSTICK

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Pond Warriors, LLC | |
| Name of Limit | ted Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Walter DeLoach | |
| Name of Person | |
| Pond Warriors | |
| Firm/Company | |
| 12472 Lake Underhill Rd. a | #357 PALLYENSS |
| Address | |
| Orlando, FL. 32828 | **** |
| City/State and Zip Code | |
| deloachw01@yahoo.com E-mail address: (to be used for future annual report notifical | \ . |
| For further information concerning this matter, p | lease call: |
| Walter DeLoach | |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301 | P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following an | nount: |
| ■ \$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 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, corboth, in the State of Florida.

| 1. Name of the limited liability company: Pond Warriors, LLC | | |
|--|---|--|
| 2. (a) Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS) | ny: 12472 Lake Underhill Rd. | 7 |
| | Orlando, FL. 32828 | |
| (b) Mailing address of limited liability company: | 12472 Lake Underhi∥ Rd. | |
| (Note: MAY BE POST OFFICE BOX) | Suite #357 | |
| | Orlando, FL. 32828 | |
| 08/03/2013 | L13000080003 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida l | Dept. of State: |
| Registered Agent: | DELOACH, WALTER G | L-9 |
| Registered Office Address: | 12801 Lower River Blvd | - where constraints and the constraints are constraints are constraints and the constraints are constraints and the constraints are constraints and the constraints are constraints are constraints and the constraints are constraints and the constraints are constraints are constraints and the constraints are constraints and the constraints are constraints and the constraints are constraints are constraints are constraints and the constraints are constraints are constraints are constraints and the constraints are constraints are constraints and the constraints are constraints are constraints are constraints are constraints and the constraints are constr |
| | Orlando, FL. 32828 | terioris |
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| | • | -7C) |
| (b) Enter name of NEW Registered Agent and/or N I | EW Registered Office add | ress: |
| MINNAY Desistant Assets | | Ģ |
| NEW Registered Agent: | | - H - H |
| NEW Registered Office Address: | 12472 Lake Underhill Rd. | |
| (MUST BE FLORIDA STREET ADDRESS) | Suite #357 | |
| | Orlando | ,FL_32828 |
| 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 otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the ntical. Or, in the case of a F | registered office |
| Walter DeLoach Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compa | agree to act in this capacity roper and complete perform osition as registered agent o nerely reflect a change in thi ny has been notified in writi | e. I further agree (C) cance of my duties, as provided for in e registered office ing of this charige. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00