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K.SALY EXAMINER SEP 17 2015

COVER LETTER

Division of Corporations					
SUBJECT: THE KNOW THYSELF GROUP 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:					
Rame of Person					
THE KNOW THY SELF GROWPLLC Firm/Company					
1051 Meripian Ave. 1A Address					
MIAMI BEACH, FL 33139 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
FASIO V. VOVALLE 31305, 244-1895					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations					

Enclosed is a check for the following amount:

□ \$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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.

1. Na	ime of the limited liability company: THE KNOW THY	SELF (, -BOOP LI	LC
2. (a)	1051 MERIDIAN AVE, 1A (b) 1051		NAVE. 1	A
		Mailing address of limited liability company.		
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE I	<u>POST OFFICE BO</u>	<u>X</u>)
	MIAM DEACH, FL /11	AM DE	ACH, FL	
	33139 33	5139		
	07/09/2013 L131	000096	6986	
3.	Date of filing/registration in Florida 4.	Document numb	per	
5. (a)	UNTED STATES CORDRATION AGENTS,			
	Registered Agent and Registered Office shown on the records of the Florida Dept of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 WINDING OAKS BLVD SUITE A AMPO 330210 FL 33021	-100	201	
	CACIO DI CALLO DE LA CALLO DEL CALLO DE LA CALLO DEL CALLO DE LA C		S SEP	77
(b)	TABIU I. VOVALLE		ASS ASS	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		10 Y	111
	1051 MERDIAN AVE., 1A		PM 5: 1	
	NEW Registered Office Address:		음을 등	
			5	
	MIAMI BEACH FL 33139			
If the I	mited liability company is not organized under the laws of the State of Flo	rida, it is hereby	confirmed that	after
the cha	nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it is	and the business hereby confirm	s office of the re ed that the chan	egistered
was/wo	ere authorized by an affirmative vote of the members of the limited liability	company or as	otherwise provi	ded in
uic aili	cles of organization or the operating agreement of the limited liability com	pany.	DUALIS	_
-		ソン ヒ・ツ	10V/14LC	

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 605, F.S. Or, 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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member