## 113000123086

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
·	·	
(City/St	ate/Zip/Phon	e #N
(0.13/01	u.o.z.p. 11011	<i></i> ,
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nar	me)
(Docum	nent Number)	1
Certified Copies	Certificates	s of Status
		- · · · · · · · · · · · · · · · · · · ·
Special Instructions to Filin	g Officer:	
!		

Office Use Only



300293154773

300293154773 12/12/16--01046--023 \*\*25.00

16 DEC 12 PM 4: 25

П

O SIMMONS DEC 1 3 2016

## **COVER LETTER**

SUBJECT:    Fuzion Works, LLC	то:	Registration Section Division of Corporations		
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:  Donna Bertucci  Name of Person  Corporate Direct, Inc  Firm/Company  2248 Meridian Blvd. Suite H  Address  Minden, NV 89423  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  □ \$25 Filing Fee  □ \$55 Filing Fee & Certified Copy	SUBJE	ECT: FUZION WORKS, LLC		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Donna Bertucci  Name of Person  Corporate Direct, Inc  Firm/Company  2248 Meridian Blvd. Suite H  Address  Minden, NV 89423  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton		Nam	ne of Limited I	Liability Company
Please return all correspondence concerning this matter to the following:    Donna Bertucci	Dear Si	ir or Madam:		
Donna Bertucci    Name of Person	The end	closed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.
Name of Person  Corporate Direct, Inc  Firm/Company  2248 Meridian Blvd. Suite H  Address  Minden, NV 89423  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  According to the following amount:  2 \$25 Filing Fee  \$55 Filing Fee \$Certified Copy	Please	return all correspondence concerning the	is matter to the	following:
Corporate Direct, Inc  Firm/Company  2248 Meridian Blvd. Suite H  Address  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc	Donna	a <sub>-</sub> Bertucci		
Firm/Company  2248 Meridian Blvd. Suite H  Address  Minden, NV 89423  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:   \$\square\$ \$25 Filing Fee \$\square\$ String Fee & Certified Copy	<del></del>	Name of Person		
Address  Minden, NV 89423  City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Enclosed is a check for the following amount:  S25 Filing Fee  \$55 Filing Fee & Certified Copy	Corpo	prate Direct, Inc		
City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  S\$\infty\$ \$25 Filing Fee  City/State and Zip Code  Info@corporatedirect.com  Area Code & Daytime Telephone Number  Tallahassee, Florida 32301		Firm/Company		
City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  S25 Filing Fee  Corporations Clifton Fee  S55 Filing Fee & Certified Copy	2248	Meridian Blvd. Suite H		
City/State and Zip Code  info@corporatedirect.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  S25 Filing Fee  Corporations Clifton Fee  S55 Filing Fee & Certified Copy		Address		<del></del>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\square\$ \$55 Filing Fee \$\square\$ \$crifical Copy	Minde		£.	1. 835 Albert Papier Combad Oct
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Donna Bertucci  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  Street / 775  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301		City/State and Zip Code	<u> </u>	<del></del>
For further information concerning this matter, please call:    Donna Bertucci	_			•
Donna Bertucci  Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  □ \$25 Filing Fee  □ \$55 Filing Fee & Certified Copy	E	-mail address: (to be used for future ann	ual report noti	fication)
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building C	For fur	ther information concerning this matter,	please call:	
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  Street Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301	Donna	a Bertucci	775	782-2201
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  2 \$25 Filing Fee  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32314		Name of Person	** (	Area Code & Daytime Telephone Numbe
Tallahassee, Florida 32301  Enclosed is a check for the following amount:  2 \$25 Filing Fee \$ \$55 Filing Fee & Certified Copy		Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327	
□ \$25 Filing Fee & Certified Copy	Cara ar	Tallahassee, Florida 32301		alianassee, Florida 32314
	•			255 Filing Fee & Contified Com-
		and the same of th	<b>U</b> 1	555 Filing Fee & Cettified Copy

## 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. N	Name of the limited liability company: FUZION WC	RKS, L	LC			
2. (a)						•
(-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\'		Mailing address of limite (Note: MAY BE POS		<del></del>
	60 E. SIMPSON AVE, Box 2869		60 E. S	IMPSON AVE, B	ox 2869	
	JACKSON, WY 83001		JACKS	ON, WY 83001		
	08/29/2013		L13000	123086		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
J. (a	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Star	te:		
	DETWEILER, GERRI					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		_	16 ਹਾਲ	
	1037 GREYSTONE LANE		_		DEC	
	SARASOTA, FI	34232		<del>-</del>	16 DEC 12 PM 4: 25	[
				<del></del>	<u> </u>	
(b				_	PM 4:	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	<u>dress</u> :		25 25 35	
	REGISTERED AGENTS INC.				हिं ज	
	NEW Registered Office Address:			_		
	3030 N. Rocky Point Drive, STE 150A			_		
	Tampa	33607	7	-		
	, FI	L_ <del>000</del> 0.	<u></u>	_		
the chagent was/v	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members tricles of organization or the operating agreement of the	of the reginability control  of the lin	stered officompany, it inited liability con	te and the business of is hereby confirmed ty company or as oth mpany.	office of the regist that the change(s herwise provided	ered )
I her provi	the batter of a member or authorized representative of a member seby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete obligations of my position as registered agent as providing rely reflect a change in the registered office address, led in writing of this change.  Bill Havre/Assistant Sectors of Registered Agent	e perform ed for in ( hereby c	t in this cap ance of my Chapter 60 onfirm that	Printed or typed name pacity. I further agree of duties, and I am fan 15, F.S. Or, if this do t the limited liability	ee to comply with	the cept îled m