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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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C. LEWIS

JUL 31 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Uxor 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:					
Christopher Loer Name of Person					
Uxor Navium Labs, UC Firm/Company					
6592 Ivan pah Ave Address					
Z9 Palms, CA 97277 City/State and Zip Code					
CHRIS. LOER & GMAIL. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christopher Loer at (510) 847.9456 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\square\$ \$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 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	ame of the limited liability company:	various Ca	V5, UC
2. (a)	15 E Do Sato St.	(b) 65°	12 Ivan Dah Ave
2. (u)	Principal office address of limited liability company:	_ (0)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	((Note: MAY BE POST OFFICE BOX)
	Persacola, FL 3250	_ 291	Palms, CA 92277
	(,
	1/1/2014	113	som 171714
3.	Date of filing/registration in Florida	- <u> - - </u>	Document number
٠.		,,	Boumon number
5. (a)		1. Pl. 21. D. 4. 604	 .
	Registered Agent and Registered Office shown on the records of t	ne Florida Dept. of Sta	ite:
	be esto st.	DARECCI.	
	Registered Office Address (MUST BE FLORIDA STREET A	DDKESS)	
			_ 苯 禁
	Pensacola FL	3250	
	, 12		
(b)			න ලදිල්
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	DEGISTEDED ASENTS INC		REGRATION: 47
	REGISTERED AGENTS INC		
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A		_
	_		
	Tampa , FL	33607	
If the l	imited liability company is not organized under the law	is of the State of F	lorida, it is haraby confirmed that after
the cha	ange or changes are made, the Florida street address of	the registered office	ce and the business office of the registered
	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o		
the art	icles of organization or the operating agreement of the	limited liability co	mpany.
	to to -	Chris	topier Loer
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete	ee to act in this cap performance of my	pacity. I further agree to comply with the adults.
the obi	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I t	I for in Chapter 60	15, F.S. Or, if this document is being filed to the limited lightlity company has been
notifie	d in writing of this change	ici cog congii in mai	
Cionati	are of Registered Agent	Dan Keen -	President
orgnatt	re of Registered Agent		