Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	
	Tox Hamber	
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	
	Phone : (307)200-2803 Fax Number : (855)330-1010	ed for future
(*Cator the	email address for this business entity to be use	ed for future
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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.

Floria		OMERCILO		
1. N	iame of the limited liability company: $\frac{NA+Y+C}{C}$	OWERS LLC		
2. (a)	17021 NO BAY ROAD	(b) 2655 COLLINS AV.		
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OF FICE ROX)		
	APT # 116	APT # 2507		
	SUNNY ISLES BEACH, FL 33160	MIAMI BEACH, FL 33140		
	12/19/13	L13000175132		
3.	Date of filing/registration in Florida	4. Document number		
5. (a	, TORRES NATALIA			
J. (11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2655 COLLINS AVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2655 COLLINS AVE			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	APT # 2507			
	MIAMI BEACH FI 33140			
	Degistered Agents Inc			
(b)	/	Registered Agents Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered	o Office address.		
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	L33702		
If the	limited liability company is not organized under the lay	nws of the State of Florida, it is hereby confirmed that after		
the cl agent was/v	range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in		
R:L	Tak	Riley Park		
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee		
provi the ol to me	sions of all statutes relative to the proper and complete blinations of my position as revistered agent as provide	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and acce led for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent