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COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: O2K	World Enterprises LLC	
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
Ozell J.		
OKK World Firm/Comp	Enterprises LLC	; - : [
9034 Hawkey	pany Perpitos Perpitos	, הע לו: י
Jacksonville City/State and	FL 32221 Zip Code	*) E-
Okworldentense E-mail address: (to be used fo	rises <u>Pamail</u> .com or future annual report notification)	
For further information concerning	this matter, please call:	
Dzell J. Sv Name of Person	Mall at (904) 251-5325 Area Code & Daytime Telephone Number	
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for th	e following amount:	
□ \$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 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. Name of the limited liability company:

(b) P.O. Box 6-104

Principal office address of limited liability company:

Mailing address of limited liability company:

Jacksonville, FL 32221 Jacksonville, FL 32236

Date of filing/registration in Florida

Document number

5. (a) Dell J. S. Mall Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9034 Hawkeye Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TackSonville FL 32221

NEW Registered Office Address:

Enter name of NEW Registered Agent and/or NEW Registered Office address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an aftirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member Printed or typed name of signee

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.

Signature of Registered Agent