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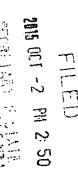
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COVER LETTER,

Division of Corporations	
SUBJECT: Proper	Assembly LLC of Limited Liability Company
' Name o	f Limited Liabifity 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 n	natter to the following:
	•••
REBELLA PAGULA	
Name of Person	
Name of Ferson	
DONOGO ALLENO	
PROPER ASSEMBLY Firm/Company	
Firm/Company	
21- 2-11 11- 25 11	
3+2 DONGLASS ST ,#	
Åddress	
ħa	
BROOKLYN, NY 112	<u> 17 </u>
City/State and Zip Code	
1	
E-mail address: (to be used for future annual	1.0m
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
REBELLA PAGULA	at (716) 393 · 7541
Name of Person	Area Code & Daytime Telephone Number
	• •
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i alialiassee, Florida 32314
Enclosed is a check for the following an	aount:
🕽 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	ame of the limited liability company: PROPER ASSEMBLY UC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Myers, FL 33908 (b) 16162 (oco Hammork Way Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Fort Myers, FL 33908 Fort Myers, FL 33908
3. 5. (a)	2-7-2014 Date of filing/registration in Florida 4. Document number MICHAEL KORCHMAR Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address NAPLES, FL 34110 NAPLES ,FL 34110 KYNNG SVN SHIM Enter name of NEW Registered Agent and/or NEW Registered Office address: 16 162 (oco Hammack Way NEW Registered Office Address:
the ch agent was/w the ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company. PECCA PAGUIA PAGUIA PINTED PAG
provis the ob to men notifie	sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been and in writing of this change. The of Registered Agent