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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE CHRISTMAS365, LLC

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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.

1. N	Tame of the limited liability company: Christma	as365, LI	_C	
2. (a)		(b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lim	nited liability company: OST OFFICE BOX)
	11038 County Road 561	110	038 County Road	561
	CLERMONT, FL 34711	CLE	ERMONT, FL 34711	L
	02/13/2014	L14	000025284	
3.	Date of filing/registration in Florida	4.	Document number	er
, م	UNITED STATES CORPORATION AGEN	TS, INC.		<b>20</b>
5. (a	Registered Agent and Registered Office shown on the records of		of State:	AN LOS
	13302 WINDING OAK COURT			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del></del>	2020 JAN 31 SECRETARS
	A			SSS I
	TAMPA	<sub>FL</sub> 33612		AMID: 48
(b)	, Registered Agents Inc.			1 E 8
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		
	7901 4th St N			
	NEW Registered Office Address:		<del></del>	
	STE 300			
	St. Petersburg	<sub>FL</sub> 33702		
the ch agent was/v	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the street of the street.	of the registered liability compar s of the limited l	l office and the business by, it is hereby confirmed iability company or as used ty company.	s office of the registered and that the change(s)
Sign	nature of a member or authorized representative of a member		Printed or typed nar	me of signee
I her provi the ol to me notify	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provided by the second of the complete that is a change in the registered office address, and in writing of this change.  Bill Havre - Assistation	igree to act in th tie performance ded for in Chapt I hereby confirt ant Secretary	is capacity. I further ay of my duties, and I am f er 605. F.S. Or, if this n that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signa	ture of Registered Agent			