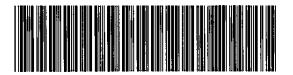
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(Re	questor's Name)			
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CCT: PRO FORENSICS & DATA RE	COVE	RY LLC	
	Nam	e of Lin	nited Lia	ability Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ice Char	ige and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	is matter	to the f	following:
	Stacy Palmisano			
	Name of Person			_
MyLL	C.com			
	Firm/Company			New
5716	Corsa Avenue #110			
	Address		_	_
Westla	ake Village, CA 91362			
-	City/State and Zip Code			_
JPRO	FANCIK@GMAIL.COM			
Е	-mail address: (to be used for future ann	ual repo	rt notifi	cation)
For fur	ther information concerning this matter,	please	call:	
Kathe	rine Bloom	at (888	, 886-9552
-	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	smonn	ıt:	
	■ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy
INHS18	8 (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.

f limited liability company: E POST OFFICE BOX)
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eby confirmed that after ness office of the registered armed that the change(s) as otherwise provided in definition of signee are agree to comply with the lam familiar with and accept this document is being filed ability company has been