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COVER LETTER . .

TO: Registration Section Division of Corporations					
All In Publishing, LLC					
Name of	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	itter to the following:				
Melanie E. Damian, Receiver					
Name of Person					
Damian & Valori, LLP					
Firm/Company	CONTRACTOR OF STREET CONTRACTOR OF STREET				
1000 Brickell Avenue, Suite 1020					
Address					
Miami, FL 33131					
City/State and Zip Code					
kmurena@dvllp.com					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se call:				
Melanie E. Damian, Receiver	305 371-3960				
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 amo	ount:				
☑ \$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.

I. Na	me of the limited liability company: All In Publis	hing, LLC		
2. (a)				
_, (==,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	1000 Brickell Avenue, Suite 1020	1000	Brickell Avenue, Suite 1020	
	Miami, FL 33131	Mian	ni, FL 33131	
	02/19/2014	L1400	00028786	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Casey R. Cummings PLLC			
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:	
	Casey R. Cummings PLLC			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	114 NE 11th Street		₩ .	
	Del Ray Beach	33444		
			= = =	
(b)	Melanie E. Damian, Receiver		. <u>. </u>	
	Enter name of NEW Registered Agent and or NEW Registered Office address:		సు	
	Damian & Valori, LLP		£.	
	NEW Registered Office Address:			
	1000 Brickell Avenue, Suite 1020			
	Miami	33131		
the cha agent v was/wo the arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative role of the members ofer of organization or the operating agreement of the	laws of the State of of the registered e liability company s of the limited lia ne limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. E. Damian, Receiver	
٠,	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid by reflect a change in the registered office address, I inverting of this change.	gree to act in this to performance of led for in Chapter I hereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
5	re of Registered Agent			