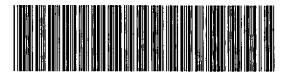
L14 0000 35866

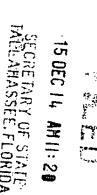
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		:				
		;				

Office Use Only



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DEC 1 6 2015 J SHIVERS

COVER LETTER

TO:	Registration Section ex Division of Corporations	•				
SUBJE	Corkwork					
50,00		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
Cindy	/ Fudala					
	Name of Person					
Corkv	work					
	Firm/Company					
5508	Sunset Landing Circle					
	Address					
St. Au	ugustine, FL 32080					
	City/State and Zip Code					
4sunt	ooyz@gmail.com					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
Cindy	r Fudala	513 652-6353				
	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	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18	3 (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. Na 2. (a)	ame of the limited liability company: Corkwork, LLC	(b	Corkwor	rk, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5508 Sunset Landing Circle	(U	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) nset Landing Circle
	St. Augustine, FL 32080		St. Augu	stine, FL 32080
	03/04/2014		L140000	35866
3. 5. (a)	Date of filing/registration in Florida Cindy Fudala	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of Corkwork, LLC	the Florida	Dept. of State	: ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8 Madeira Drive			以 5
	St. Augustine	32080		ORET LAH
(b)	Cindy Fudala			ARY SSF
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			E.F.S
	Corkwork, LLC			AM II: 20 E. FLORIDA
	NEW Registered Office Address: 5508 Sunset Landing Circle			*
	St. Augustine , FI	32080		
the cha agent was/w was/w the art Signa	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the under the authorized representative of a member by accept the appointment as registered agent and ag	f the regis iability co of the lim e limited l	stered office ompany, it is ited liability iability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Cindy Fudala Printed or typed name of signee activ. I further agree to comply with the
provis the ob to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this shange. ULU MALO are of Registered Agent	perform ed for in (hereby co	ance of my o Chapter 605 Onfirm that i	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00