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COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: Puff Smoke Shop, LL (Name of Limited Li	ability 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 matter to the f	following:
Mohamad ElKhaldi Name of Person	_
Puff Smoke Shop, LLC Firm/Company	_
P.O. Box 410346	_
Melbourne FL 32941 City/State and Zip Code	_
Melkhald & aol . Com E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Mohamad Elkhaldi at (321) Name of Person) 806-5323 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$5	5 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. Name of the limited liability company: PUFF Smoke Shop, LLC		
2. (a) 1515 Palmbay Rd 105	(b) P.O. Box 410346	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Palmbay FL 32904	Melbourne FL 3294	
<i>J</i> (
alacila a a	1 11/0000 61/0 20	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Nisreen Safi		
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
Registered Office Address (MUST BE FLORIDA STREET)	NOREGS)	
Melbourne FL	32904	
	·	
(b) Nonamud Elkhald Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
NEW Registered Office Address:	ω	
2815 Dairy Ro		
Daily 10		
Melbourne .fl	_ 32904_	
If the limited liability company is not organized under the law	ws of the State of Florida, it is hereby confirmed that after the	
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an attemative vote of the members of	ability company, it is hereby confirmed that the change(s)	
the articles of organization or the operating agreement of the	limited liability company.	
Signature of a member of authorizing representative of a member	Mohamad ElKhaldı Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept		
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in yriting of this change.		
notified in vertice of inischange		
Signature of Kenterter Agent		