L140000 57765

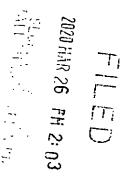
| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only



300342438053

03/26/20--01003--022 **55.00



RARDICHS

APR 08 2070 I ALBRITTON

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: A PLUS HYD 545 TEM5, LLC Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and f | ee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the fo | ollowing: | |
| AUSTIN LEE BELL Name of Person | _ | |
| A PLUS HYD SYSTEMS, LLC Firm/Company | _ | |
| 1007 É Beliamy DR Quincy Flo Address | 32301 | |
| Q 47564, FL 32351 City/State and Zip Code | _ | |
| AUSTIN. HYDR AULTES @ICLOUD. Co E-mail address: (to be used for future annual report notified | cation) | |
| For further information concerning this matter, please call: | | |
| ROBERT W. BELL at (850 Name of Person |) 661 - 1490 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 | |

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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: <i>A PLԿS</i> 升 | 4D SYSTEMS LLC |
|--|---|
| 2. (a) 90 CORPORATE CT | (b) P.O. BOX 14/6 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Quincy FL 32381 | QUINCY, FL 32351 |
| 3. Date of filing/registration in Florida | L14000057765 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) ROBERY W/II/1m Be// Registered Agent and Registered Office shown on the records of t | he Florida Dept. of State: |
| 190 CORPORATE CT Registered Office Address (MUST BE FLORIDA STREET A | IDDRESS) |
| | 020 |
| Ryincy ,FL | O, 1 |
| (b) AUSTIN LEE BELL | |
| Enter name of NEW Registered Agent and/or NEW Registered | |
| 1007 E BELLAMY DR | $\dot{\omega}$ |
| NEW Registered Office Address: | |
| | |
| QUINCY, FL | 32351 |
| If the limited liability company is not organized under the law 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 affirmative vote of the members of the articles of organization or the operating agreement of the limited liability. | registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in |
| Comment of I sour | ROBERT W. BELL Printed or typed name of signee |
| Signature of a member or authorized representative of a member | <i>,,</i> |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I h notified in writing of this change. | re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been |

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

Signature of Registered Agent