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S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Wiffleworks				
	Nar	ne of Limited L	iability Company		
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.	•	
Please	e return all correspondence concerning th	is matter to the	following:		
Nath	an Fudala				
	Name of Person				
Wiffle	eworks				
	Firm/Company				
5508	Sunset Landing Circle			SECRI ALLA	
	Address		 -	ANASSAN - COMMENTAL COMMENTS OF COMMENTS O	
St. A	ugustine, FL 32080			-3 P	
	City/State and Zip Code		<u> </u>	PM IZ: 37 # STATE	_
nfuda	ala@wiffleworks.com			0 m 37	
	E-mail address: (to be used for future and	nual report noti	fication)		
For fu	orther information concerning this matter	, please call:			
Nath	an Fudala	513 at (__ 535-4707		
-	Name of Person	ar (Area Code & Daytime Telep	phone 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	g amount:			
■ \$25 Filing Fee			55 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.

Piorie					
1. N	lame of the limited liability company: Wiffleworks				
2. (a)	Wiffleworks, LLC	(b)	Wiffleworks, LLC		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5508 Sunset Landing Circle		5508 Sunset Landing Circle		
	St. Augustine, FL 32080		St. Augustine, FL 32080		
	5/13/14	I	L14000076549		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	、Nathan Fudala				
J. (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Nathan Fudala				
	Registered Office Address (MUST BE FLORIDA STREET 8 Madeira Drive	<u>T ADDRESS)</u>			
	St. Augustine	_{FL} 32080	TALL		
(b)	Nathan Fudala		圣兰 号 刀		
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	dress:		
	Wiffleworks, LLC		10 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
	NEW Registered Office Address:		37 BA		
	5508 Sunset Landing Circle				
	St. Augustine , F	_{FL} 32080			
the chagent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the street o	of the regis liability co s of the limi he limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided in iability company. han Fudala		
•	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to men	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.	gree to act te performa ded for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		

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

fature of Registered Agent