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COVER LETTER

Division of Corporations			
Owlapom, LLC			
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	tter to the following:		
Jennifer L Smith			
Name of Person			
Owlapom, LLC			
Firm/Company			
18819 Nw 72nd Ave			
Address			
Alachua, Fl 32615			
City/State and Zip Code			
benifer@aol.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:		
Jennifer L Smith	813 785-1008		
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.

	une of the limited liability company: Owlapom, LLC 18819 nw 72nd Ave	1881	9 Nw 72nd Ave
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1001	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Alachua, Fl 32615	Alach	nua, Fi 32615
	5/30/2014	L1400	0086896
3.	Date of filing/registration in Florida	4.	Document number
i. (a)	Jennifer L Smith		
, ,,,,	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:
	13356 nw 93rd Lane		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	
			T AUG
	Alachua	32615	
	, FL		
(b)	Jennifer L Smith		— Si :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	三 <u>三</u>
	18819 nw 72nd Ave		© - 17 - €e
	NEW Registered Office Address:		
		.,	
	Alachua , FL	32615	
he changent vas/wehe arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered o bility company f the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Smith
	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act in this performance of I for in Chapter vereby 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 filea that the limited liability company has been

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