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SECULIARY OF SIGHE SHEET OF CORPORATIONS

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CO	VER	LET	TER

Division of Corporations				
SUBJECT: THE LITTLE Name of Lin	AMERICAN BOY L			
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 following:			
SONIA FARSALLAH Name of Person				
Firm/Company				
2617 COVE CAY DRIVE UNIT 201 Address				
CLEARWATER, FL 33760 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SOMIN FAR TALLAH at (240) 643-3458 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 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

rioria		
1. Na	ame of the limited liability company: THE LITTLE AMERI	CAN BOY LLC
	2617 COVE CAY Dr. Unit 201 cleanwater, FL (b) 2617 C	OVF CAY Dr Unit 90 Iailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	33760 (Le	onwater, FL 33760
3.		4 0000 88 980 Document number
	United STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State	C.
	13302 WINDING OAK (OURT A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	** <u>*</u>
	TAMPA ,FL 33612	Wision of 14 SEP 2
(b)	SONIA FARSALLAH Enter name of NEW Registered Agent and/or NEW Registered Office address:	29 PN 2
	2617 COVE CAY Dr. UNIT 201 NEW Registered Office Address:	ENATIONS 2: 43
	CLEAR WATER ,FL 33760	
the ch agent was/w	limited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is vere authorized by an affirmative vote of the members of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in

FAR JALLAH Signature of a member or authorized representative of a member 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 writing of this change.

Signature of Registered Agent