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COVER LETTER

TO: Registration Section Division of Corporations							
WE ABIDE LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
RYAN STURGIS							
Name of Person							
WE ABIDE LLC							
Firm/Company							
102 NE 1ST AVENUE							
Address							
DELRAY BEACH, FL. 33444	· · · · · · · · · · · · · · · · · · ·						
City/State and Zip Code	2010 DEC						
RSTURGIS@DELIVERYDUDES.COM							
E-mail address: (to be used for future annual repor	t notification)						
For further information concerning this matter, please ca							
RYAN STURGIS 56	1 900-7060 $\frac{\omega}{\omega}$						
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 Florida.

۱.	Na	me of the limited liability company: WE ABIDE LLC	`								
2.	(a)	102 NE 1ST AVENUE		(b) 102 NE	1ST AVENUE						
-	(47)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	. '	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
		DELRAY BEACH, FL.		DELRA	Y BEACH, FL.						
		33444		33444							
		06/26/2014		L140001	02740						
3.		Date of filing/registration in Florida	4.		Document number						
5.	(a)	RICHARD VIENS									
•	(*-)	Registered Agent and Registered Office shown on the records of the	Flori	da Dept. of Stat	e:						
		102 NE 1ST AVENUE. DELRAY BEACH, FL.	. 33	444							
		Registered Office Address (MUST BE FLORIDA STREET AD 102 NE 1ST AVENUE	DRES	ES)	_						
		DELRAY BEACH .FL 33	3444	1	-						
(b) RYAN STURGIS Enter name of NEW Registered Agent and/or NEW Registered Of SAME			ffice a	ddress:	2018 DEC 17						
		NEW Registered Office Address:		- -							
		SAME									
				- ,	- 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
		, FL			-						
the age was the Si I hapro the to note	cha nt w s/we arti- gnat ereh visie obli- nere ified	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability of the members of the authorized by an affirmative of the members of the cles of organization or the operating agreement of the linguistic of a member of a member of accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period of the proper and complete period of the proper of the provided for the registered office address. I here in writing of this change. Division of Corporations • P.O. Bottom	e regility che listed RN (control of the control of	istered office company, it is mited liability liability con AN STUR of in this cap mance of my Chapter 60: confirm that	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. GGIS Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or. if this document is being filed the limited liability company has been						
				FILING FEE: \$25.00							

INHS18 (2/14)