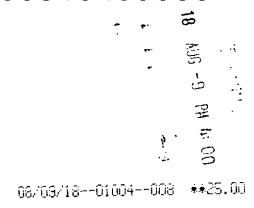
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AUG 1 1 2018 S. PRATHER

COVER LETTER

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	istration Section sion of Corporations					
CHB IFÆT.	Auditrial, LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the f	following:			
Donna A (Cullen					
	Name of Person		_			
Auditrial, I	LLC					
	Firm/Company		_			
240 via P	erignon					
	Address		_			
Naples, F	L. 34119					
	City/State and Zip Code		_			
donnaacu	llen@gmail.com					
E-mail	address: (to be used for future ann	ual report notifi	cation)			
For further i	nformation concerning this matter,	please call:				
Donna A (Cullen		`239 398 5878			
		at (
	Name of Person		Area Code & Daytime Telephone Number			
STE	REET/COURIER ADDRESS:	MA	ILING ADDRESS:			
Reg	istration Section	Registration Section				
	ision of Corporations	Division of Corporations				
	ton Building	P.O. Box 6327				
	1 Executive Center Circle ahassee, Florida 32301	Tal	lahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
≥ \$	25 Filing Fee	\(\) \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

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.

Auditrial, LLC

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) Date of filing/registration in Florida Donna A Cullen Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: Old address: Old address: Old address: Old address: Old address: Olfice Address: PL Donna A Cullen Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Olfice Add	(a)	240 via Perignon, Naples, FL 34119	(2 b)	240 via Perignon, Naples, FL 34119
Date of filing/registration in Florida Donna A Cullen Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) old address: 601 NE 39th St., Apt 411, Miami, FL 33137 FL Donna A Cullen Enter name of NEW Registered Agent and/or NEW Registered Office address: 240 via Perignon, Naples, FL 34119 FL The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after to change or changes are made, the Florida street address of the registered office and the business office of the registerent will be identical. Or, in the case of a Florida limited inability company, it is hereby confirmed that the change(s) as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the limited liability company. Printed or typed name of signee thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the orisions of all stantates relative to the proper and complete performance of my duties. On this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or, if this document is being filed member or inchapter 605, F.S. Or if this document is being filed member or inchapter 605, F.S. Or if this document is being filed member or inchapter 605, F.S. Or if this document is being filed member or inchapter 605, F.S. Or if this document		* * * *	_ `	, –	Mailing address of limited liability company:
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