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R. WHITE JAN 11 2020

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT: _	Fab Six Products LLC		
	Name o	of Limited	Liability Company
Dear Sir or Ma	adam:		
The enclosed h	Registered Agent/Registered Office	Change at	nd fee(s) are submitted for filing.
Please return a	Il correspondence concerning this r	natter to th	ne following:
Ulrike Wills			
	Name of Person		
	Firm/Company		
13779 Vanc	anza Drive		
	Address		<del></del>
Venice, FL 3	34293		
	City/State and Zip Code	-	<del></del>
ulieitel@yah	noo.com		
E-mail ac	ddress: (to be used for future annual	report no	tification)
For further info	ormation concerning this matter, ple	ease call:	
Ulrike Wills		941 at (	275-5154
	Name of Person		Area Code & Daytime Telephone Number
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	; [ [	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclos	sed is a check for the following an	nount:	
<b>2</b> \$25	Filing Fee	۵	\$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

1. N	ame of the limited liability company: Fab Six Prod	idets LLC		
2. (a)	13779 Vancanza Drive	(b) 13779 Vancanza Drive		
2. (u)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(6)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Venice, FL 34293	Venice	e, FL 34293	
	07/08/2014	— FL-L14	000108420	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Agents & Corporations Inc.			
, (u.,	Registered Agent and Registered Office shown on the records of Agents & Corporations Inc.	f the Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET) 300 5TH AVE S STE 101-330	ADDRESS)		
	Naples	34012		
(b)	Ulrike Wills		2019 C∵	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address;	<del></del>	
	Ulrike Wills			
	NEW Registered Office Address:			
	13779 Vancanza Drive		ـــ 6 ال	
	Venice F	L_34293		
the ch agent was/w the art Signa I hero provis the ob- to mer	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	of the registered of iability company. of the limited liable limited liability of the Ulrike Wills where to act in this contact in the contact in this contact in the	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  Printed or typed name of signee trapacity. I further agree to comply with the	