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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The ONE Agency, LLC	
Name of Limite	ed Liability Company
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:
Harry D. Lykens Clo Tina G Name of Person	Sunshine Corporate & Filing Twill Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312
The ONE Agency, LLC	
Firm/Company	
444 Brickell Ave., Stc. #451	
Address	
Miami, Florida 33131	
City/State and Zip Code	
LCarozzoni@shanercorp.com	
E-mail address: (to be used for future annual report r	·
For further information concerning this matter, please call	850 508-1891 Tina
Courtney L. Scanlon 716	848-1538
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 Tallahassec, 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.

I. N	nme of the limited liability company: The ONE Agency	y, LLC		
			\	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	444 Brickell Ave., Ste. #451, Miami, Florida 33131		444 Bricke	ell Ave., Ste. #451, Miami, Florida 33131
	August 13, 2014	<u> </u>	L14000126	090
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Marcus D Andrews			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET) 444 Brickell Ave., Ste. #451			
	Miami FI	33131		
(b)	Harry D. Lykens			
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	
	444 Brickell Ave., Ste #451			A II III
	NEW Registered Office Address:			- im C
	Miami , F		1	_
the chagent was/withe ar Sign I her provi the old to me notific Harry By:	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attraction of a member of	tws of the of the regi iability c of the lin e limited Har gree to ac e perforn ed for in I hereby o	State of Fl stered office ompany, it nited liabili liability co- ry D. Lyken t in this cap ance of my Chapter 60 confirm that	lorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. S. Manager Printed or typed name of signee Docity. I further agree to comply with the chaties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations • P.O. FILING			ssee, FL 32314

INHS18 (2/14)