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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
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GUSETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: GY ENERGY, LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
Josef Fraiwav. Name of Person								
GY ENERGY, JLC Firm/Company								
10690 Pegasus street Address								
Davie, FL 33324 City/State and Zip Code								
Sunny 2193 Ocol. Com. E-man address: (to be used for future annu	al report notification)							
For further information concerning this matter, p	please call:							
Josef Fraiman Name of Person	at (917) 698 1939 Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following a	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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Q (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	Sep 2,2014 Date of filing/registration in Florida	- <u> </u>	2	14 000 13		13	
	Corporale Sorvice Compan						
3. (a)	Registered Agent and Registered Office shown on the records of the		t. of Sta	te:			
							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	1201 Hays Street			_ 4	20		
	Tallahassee , FL	3230	1	_ <u>58</u>	NON SE	earth.	
(b)	Josel Fraiman			ASSE)V 23	13.	
	Enter name of NEW Registered Agent and/or NEW Registered (Office address	ı:	(Y OF STATE See. Florida	A 10: 5		
	NEW Registered Office Address:			- DE	ō		
	10690 Pegasus Street			_			
	Davie ,FL	3338) 4.	_			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registere bility compa the limited	ed offic any, it liabili	ce and the busing is hereby confirming ty company or a	ess of rmed t	fice of the registered that the change(s)	
		Jo	SEF	FRAIMAN Printed or typed			
	ure of a member or authorized representative of a member						
provisi the obli to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t gations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	ee to act in t performance for in Chap ereby confii	this cap e of my oter 60 rm that	pacity. I further duties, and I a 5, F.S. Or, if th t the limited liai	r agre m fam his doc bility c	e to comply with the iliar with and accept cument is being filed company has been	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent