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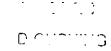
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COVER LETTER

TO: Registration Section Division of Corporations							
Law Office of Pamela G. Martini, PLLC							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning to	this matter to the	e following:					
Pamela Grace Martini							
Name of Person	-						
Law Office of Pamela G. Martini, PLL	С						
Firm/Company							
6068 S. Apopka Vineland Road, Suite	5						
Address							
Orlando, FL 32819							
City/State and Zip Code			18 T				
pam@pamelamartinilaw.com			18 1/07 1/3				
E-mail address: (to be used for future a	inual report noti	fication)	۔ ت				
For further information concerning this matter	er, please call:		PH 4:				
Pamela Grace Martini	407 at (955-4955	ł: 5				
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 \$25 Filing Fee		555 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: Law Office of	Pamel	a G. Marti	ni, PLLC		
2. (a)	7625 W. Sand Lake Road		7625 W. Sand Lake Road			
2, (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 202		Suite 20	2		
	Orlando, FL 32819		Orlando	FL 32819		
	October 15, 2014		L1400016	64909		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Pamela Grace Martini					
υ. (α,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept, of State	- e:		
	Law Office of Pamela G. Martini, PLLC					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	<u> </u>	-		
	7625 W. Sand Lake Road, Suite 202					
	Orlando	32819		-		
				- -		
(b)				☆ ************************************		
(0)	linter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	18 HOV		
	6068 S. Apopka Vineland Road			<u> </u>		
	NEW Registered Office Address:			P 136		
	Suite 5			- u iii		
	Orlando, FL FL	32819		51 <u>55</u>		
the ch agent was/w the art light	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the attire of a member or authorized expresentative of a member or authorized expresentative of a member of all statutes relative to the proper and complete digations of my position as registered agent as provided expressed of the address. It	f the reginability coof the limited Parel to accept forms and for in	stered office ompany, it is nited liability liability con mela Grac t in this cape cance of my officer 605	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. The Martini Printed or typed name of signee The different comply with the duties, and I am familiar with and accept to the signer of the signer.		
4	ely reflect a change in the registered office address, I I in writing of this change.	-				