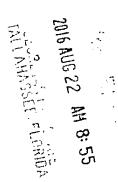
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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	INSTANSIATION LLC				
3323233	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	e following:		
DEBORA	H M. CONTI				
***************************************	Name of Person		<del></del>		
Agent for	Instansiation LLC				
	Firm/Company				
716 South	Patrick Drive				
	Address	the state of the s	<del></del>		
Satellite B	each, FL 32937				
	City/State and Zip Code		<del></del>		
instansiati	onllc@gmail.com				
E-mail	address: (to be used for future ann	ual report noti	fication)		
For further in	nformation concerning this matter,	please call:			
Stephen V	V. Long	321	373-7386		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Stration Section Sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	R D P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>\( \sigma \)</b>	25 Filing Fee	<b>2</b> 2 \$	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: INSTANSIAT	ION LL			
2. (a)	502 LANTERNBACK ISLAND DRIVE	(b)	(b) 502 LANTERNBACK ISLAND I		
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-)	Mailing add	dress of limited liability company:  **AAY BE POST OFFICE BOX**  **BETT	
	SATELLITE BEACH, FL 32737		SATELLITE BE	ACH, FL 32937	
	11/04/2014	†	_14000171375		
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	13302 WINDING OAK COURT				
	TAMPA . FL	33612		ACC 5	
				TARE TO THE	
(b)	DEBORAH M. CONTI		····	22	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	je r m	
	716 SOUTH PATRICK DRIVE			CO	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<del></del>	I: 57	
	SATELLITE BEACH	32937			
the cha agent was/w the art	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regisability confered the limited li	ered office and the npany, it is hereby ted liability compar ability company.  PHEN W. LONC	business office of the registered confirmed that the change(s) ny or as otherwise provided in	
Ŭ	ture of a member or authorized representative of a member			r typed name of signee	
provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to act performa d for in C hereby co	in this capacity. I f nce of my duties, ar hapter 605, F.S. O nfirm that the limite	urther agree to comply with the and I am familiar with and accept r, if this document is being filed ad liability company has been	

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