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J. HARRIS

COVER LETTER

TO: Registration Section ipivision of Corporations			
SUBJECT: TOTICO Enterprises, LC Name of Limited 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:			
Javelyn Arvay Name of Person			
Movidaay Investments, UC			
101 Harketside Ave # 404-364			
Ponte Vedra, FL 3208			
Javelyn @ movida 34. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (904) 451-2017 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			

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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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 10/14	lame of the limited liability company: Totico Enter prises.	HC .
1. Na	lame of the limited liability company:	<u>u </u>
2. (a)		A* 4 ***
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited (Note: MAY BE POST	
	1) nit 404-324	
	Donge Woda TI 32001	
	PUTTE VEGIU, PLSOUSI	
	11/19/2014 1 1440001	19217
3.	Date of filing/registration in Florida 4. Document number	T
	Chara Diring Solthons com	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	1500 DINIA BLO	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	# 309	
	PEMPONORO PINON # 32027	
	1010 Land	7
(b)		379
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u> </u>
	101 Marketside Air # 404-364	
	NEW Registered Office Address:	भीतम् । अस्य १५३६
		27
	D-010 1/00/00 20001	
	PONTE VECIVA ,FL SOUS	
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby con	firmed that after
the cha	nange or changes are made, the Florida street address of the registered office and the business off will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the	ice of the registered at the change(s)
was/w	were authorized by an affirmative vote of the members of the limited liability company or as other ticles of arganization or the operating agreement of the limited liability company.	
the art	Scar Ibai	ia Labady
Signa	ature of a member or authorized representative of a member Printed or typed name of	
I here	eby accept the appointment as registered agent and agree to act in this capacity. I further agree sions of all statutes relative to the proper and complete performance of my duties, and I am fami	to comply with the liar with and accept
the obt	sions of all statutes relative to the proper and complete performance of my duties, and I am fami oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doci rely reflect a change in the registered office address, I hereby confirm that the limited liability co	ument is being filed ompany has been
notifie	ed in writing of this change.	-
Signati	the of Registered Agent	
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	

FILING FEE: \$25.00