Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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, 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. Name of the limited liability company: Pro Halo Tips LLC 2. (a) Principal office address of limited liability company: 3050 Dyer Blvd. Ste 165 (Note: MUST BE STREET ADDRESS) Kissimmee, Florida 34741 3050 Dyer Blvd, Ste 165 (b) Mailing address of limited liability company: Kissimmee, Florida 34741 (Note: MAY BE POST OFFICE BOX) 11/26/2014 L14000183015 4. Document number 3. Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Corporation Service Company Registered Agent: 1201 Hays Street, Tallanassee, FL 32301 Régistered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **Business Filings.Incorporated** NEW Registered Agent: 1200 South Pine Island Road NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a manufactor ambarized representative of a member Scan Hinsinger, Member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of any duties, and I am familiar with and accept the obligations of niv position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change. Murk Williams, AVP Business Filings Incorporated Signature of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

ENHS18 (12/13)