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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Santos P Design UC 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:
Yoilage & Santos Name of Person
Firm/Company
1658 Lone Pine Way Address
West Palm Beach, FL 38406 City/State and Zip Code
Voilevesantos anothrail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moileve Courtos at (56) 876-1425 Name of Person at (56) 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 amount:
\$25 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. Name of the limited liability company: <u>Santo</u>	5 P Design LLC
2. (a) 1658 Lone Pine Way	(b) 1658 Lone Pine Way
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
West Palm Beach, fl. 33406	West Palm Beach, Fl 33406
12/03/2014	L14000184942
3. Date of filing/registration in Florida	4. Document number
5. (a) Santos, Moileve M. 5R Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
1658 Lone Dine Way	·
Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)
J	
West Palm Beach, FL	33406 (Ac. 12)
(b) Santos Yoileve &	Title as Hanager (AGB)"
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
1658 Lone Pin Way	
NEW Registered Office Address:	

West Palm Beach, FL	33406
If the limited liability company is not organized under the law	s of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of tagent will be ideptical! Or, in the case of a Florida limited lial	he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the limited liability company or as otherwise provided in
	<u>Hoileve</u> & Santos Printed or typed name of signee
Signature of a member of authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all stablites relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I ha notified in writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Agent	

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