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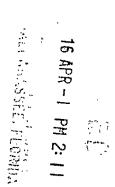
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Registration Section

TO:

INHS18 (2/14)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301	Division of Corporations						
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: Joseph Lawrence Mauro Name of Person Ramenology, LLC. Firm/Company 351 SW 2nd Street Address Boca Raton, FL 33432 City/State and Zip Code jlmauro11@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Mauro STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Ramenology, LLC.	Ramenology, LLC.					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Lawrence Mauro Name of Person Ramenology, LLC. Firm/Company 351 SW 2nd Street Address Boca Raton, FL 33432 City/State and Zip Code jlmauro11@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Mauro 954 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:							
Please return all correspondence concerning this matter to the following: Joseph Lawrence Mauro Name of Person Ramenology, LLC. Firm/Company 351 SW 2nd Street Address Boca Raton, FL 33432 City/State and Zip Code jlmauro11@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Mauro STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clofel Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Dear Sir or Madam:						
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Name of Person Ramenology, LLC. Firm/Company 351 SW 2nd Street Address Boca Raton, FL 33432 City/State and Zip Code ilmauro11@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Mauro STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Please return all correspondence concerning this	matter to the f	following:				
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·	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Reg Div P.O	gistration Section vision of Corporations D. Box 6327				
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■ \$25 Filing Fee & Certified Copy	☑ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy				

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: Ramenology	, LLC.					
2. (a)	Ramenology, LLC.		(b) Ramenology, LLC.				
- . (")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·····			of limited liability company: BE POST OFFICE BOX)		
	351 SW 2nd Street		351 SW	2nd Street			
	Boca Raton, FL 33432		Boca Raton, FL 33432				
	01/16/2015		L1500000	09600			
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)	Mauro, Joseph L.						
3. (a)	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	-			
	4851 West Hillsboro Blvd., Suite A11			-	in a		
	Coconut Creek , FI	_L 3307	3	_		APR	
	•				100 100 100 100 100 100 100	20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	-	11.	ריים י דיים יוֹינִין סיד	
	Enter hame of MEW Registered Agent and/or MEW Registered	u Omce_	<u>1001 555</u> .			PH 2:	
				-	The state of the s		
	NEW Registered Office Address:				. 25		
	351 SW 2nd Street			-			
	Boca Raton , FI	_L 3343	2	_		•	
the cha agent was/w	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 li- ere authorized by an affirmative vote of the members ides of organization or the operating agreement of the	f the region in the life of the life limited	gistered office company, it is mited liability I liability con	e and the business is hereby confirmed to company or as of the company.	office o d that th	f the registered e change(s)	
Siona	ature of a member of authorized representative of a member	J(seph L. Ma	Printed or typed nam	e of signe	ee	
I here provis the obs to mer	by accept the appointment as registered agent and ag tions 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 d in writing of this change.	ree to a e perfor ed for in hereby	ect in this cap mance of my a Chapter 605 confirm that	acity I further ag	ree to co	omply with the	
Signatu	re of Registered Agent						