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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HUNISCH TILE LLC Name of Limited Liability Company	
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:	
PATRICIA A. HUNISCH Name of Person	
HUNISCH TILE LLC Firm/Company	
844 NAVEL ORANGE DRIVE Address	
ORANGE City F1 32763 City/State and Zip Code ORANGE City F1 32763 ALERY SECRETARY ASSET TO SECRETARY ASSE	7 = =
Phunisch 722@ aol_com E-mail address: (to be used for future annual report notification)	リフ
For further information concerning this matter, please call:	
Patricia O Hurisch at (570) 954-0555 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision's 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.

r tortua.		_			
1. Name of th	ne limited liability company:	HUNISC	hlile	LLC	<u>, </u>
2. (a) 84 C	+ NAVEL ORANGE				DRANGE
P	rincipal office address of limited liability (Note: MUST BE STREET ADDRI		_	address of limited li	*
ORI	aNDR. City Flor	Rida	ORANG	e City	Florid
	3	2763	0		3276
	1 1		L150	000011	242
	1/29/15		42	291511	<u>'</u>
3.	Date of filing/registration in Flor	ida 4.	Docu	ment number	
· (4)	he Company	Corporal			
Registere	ed Agent and Registered Office shown on		Dept. of State:		
Register		STREET ADDRESS)			
C		-) ,
7	PAllahassee	.FL 35	301	2815 SECTALL	
7	· · · / / /	1	, ,	SEP	
$_{(b)}$ P	HRICIA H. F	tunisch	<u>.</u>	ARY SSE	Arrival Services
Enter nar	me of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	<u>ress</u> :	THE TO	[T] (C)
8	44 Navel ORF	INGE DRI	12	IZ: TATE	
NEW R	egistered Office Address:	0		A CO	•
Λ.	Daving O'L	9 -	171-3		
<u>OK</u>	LANGE City	, FL	x160		
	ability company is not organized unhanges are made, the Florida stree				
agent will be id	dentical. Or, in the case of a Floric orized by an affirmative vote of the	da limited liability cor	mpany, it is herel	by confirmed that	t the change(s)
the articles of e	organization or the operating agree	ement of the limited li	ability company.		• -
Signatur of a ri	nember or authorized representative of a n	<u>/</u>	Robert	d or typed name of s	ionee
I hereby accep	ot the appointment as registered as	gent and agree to act	in this capacity.	I further agree t	o comply with the
provisions of a	ll statutes relative to the proper a	nd complete performa	ince of my duties,	and I am famili	ar with and accept

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 my duties, and I am familiar with and accept the obligations of my 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 liability company has been notified in writing of this change.

Patricea G. Humsely Signature of Registered Agent