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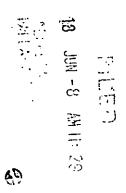
(Re	questor's Name)	
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Special Instructions to Filing Officer:		

Office Use Only



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## COVER LETTER

O: Registration Section Division of Corporations				
SUBJECT: 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:				
Virtor L. Gallere Name of Person				
Vizalau LLC Firm/Company				
1904 ioest waters avenue				
Address  TON RU-PLOTORY 32604  City/State and Zip Code				
May D-alla Coni E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
YLLÛM (L'ACLMOPÚ)  Name of Person  at (815), 917-1806  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 \$\text{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:

1. Name of the limited liability company:

1. Out of the limited liability company:

2. (a) 1. (b) 1. (c) 1. (c) 1. (d) 1.

•	1904 West Waters avenue on	: SUNO
2. (a)	Principal office address of limited liability company:  (b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Tampa. 11 22604	
	63/18	L15000014037
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	CONGRE M ZOMOYEL ESTOLIM	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of St	
	1904 West waters avenue	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
	taula 11 30004	
	, FL	- 8 - 8 - E
(b)	Victor Luis Zamora	
-	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_
	1904 West Waters Cevenuce	<b>(b)</b>
	NEW Registered Office Address: (IM/(L. L 2)3604	_
	, FL	<del>_</del>
10.1 1	Control of the Contro	The side it is bounded our Grand that offers

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 athember or authorized representative of a 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 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.

Signature of Registered Agent

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