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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

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TO; Registration Section Division of Corporations						
Hotter Than El, LLC						
Nan	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	nis matter to the following:					
Dino Ferri						
Name of Person						
Hotter Than El						
Firm/Company						
306 Maybeck Ct.						
Address						
Sanford, FL 32771						
City/State and Zip Code						
hotterthanel@gmail.com						
E-mail address: (to be used for future and	nual report notification)					
For further information concerning this matter.	, please call:					
Dino Ferri	504 415-7160					
Name of Person	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	g amount:					
2 \$25 Filing Fee	☐ \$55 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.

. (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)
	306 Maybeck Ct.		306 May	ybeck Ct.
	Sanford, FL 32771		Sanford	, FL 32771
	1/30/2015		L150000	18279
•	Date of filing/registration in Florida	4.		Document number
(a)	Dina M. Ferri			
(11)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	- c:
	Dina M. Ferri			- 2
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	A TOTAL TOTAL
	1624 Pershing Rd			
	Jacksonville F1	32205	5	FILED 23 PH 3: 29 WALLAHASSEL TLORID
	Dino Ferri			D 3: 29
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	: 29 ORII:
			 -	Ż.
	Dino Ferri			_
	NEW Registered Office Address:			_
	306 Maybeck Ct.			_
	Sanford	3277	l	_
e cha ent we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg ability of of the lin limited	istered office company, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signat	ture of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	Printed or typed name of signee
ovisi e obti mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ignions of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change	perfora	nance of my	duties, and I am familiar with and accep
11	re of Registered Agent			

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