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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOOCHEST OF FY Name of L	YOUO LCC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
S. Perry Denicod Ur. Name of Person	
Firm/Company	
2013 Cherokee Di.	
Moture Reach, FL 3030 City/State and Zip Code	66
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	e call:
S. Perry Peniord, Ur, at (904 511 0093 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 amou	nt:
S25 Filing Fee	□ \$55 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: TOOCHISN OF AMOUG LLC
2. (a) <u>033 Past Bay St</u> (b) <u>033 Past bay St</u>
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SUIP GIO
CACKSONVITIE, FL 30000 CACKSONVITE, FL SOUCE
1-20-2015
3. Date of filing/registration in Florida 4. Document number
5 Mill Minland its
5. (a) 1401 401 101 101 101 101 101 101 101 10
233 East Rou St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5/11/2 GIO === === ==
100/5 mills 20000 55 % -
OLICES UTUTILE, FL SOCIOU ST. TO I
(b) Siterry tenional dr.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2016 Olockalia - 0
ONR Character Dr
NEW Registered Office Address:

MOTUNE REACH E 30066
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 a member or authorized representative of a member Signature of a member or authorized representative of a member
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