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(Reque	estor's Name)	
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

APR 0 9 2015 T. CARTER

## **COVER LETTER**

Division of Corporations	
	Hon Condy LLC ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Georgia Kip) Name of Person	
Cotton Candy Firm/Company	LLC
11231 NW 3	20th street # 135
Micmi Fl. 33 City/State and Zip Code	172
GKQGCKint-C E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	
Georgia Kipp Name of Person	at (305) 588-6514  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	ng amount:
\$25 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. 1	Name of the limited liability company: CoHon Condy, LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 11231 N.W. 2045+ree+. # 135  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Miani Fl. 33172 Miani Fl. 33172
3.	March 6, 2015  Date of filing/registration in Florida  4. Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:    The state   Coconut   Crace Fl. 33133   Coconut   Coconut   Crace Fl. 33133   Coconut   Coconut   Crace Fl. 33133   Coconut   Co
	, FL SI
(b	) Georgia Kipp - 11231 N.W. 20th street # 135, FF. 3317
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	11231 N.W. 20th street, # 135, Miomi Fl. 33172
	NEW Registered Office Address:
	, FL
tne ci agent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in tricles of organization or the operating agreement of the limited liability company.
	nature of a member Printed or typed name of signee
I her provi the or to me notifi	nature of a member or authorized representative of a member Printed or typed name of signee reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed wrely reflect a change in the registered office address, I hereby confirm that the limited liability company has been seed in writing of this change.  Ture of Rogistard Agent