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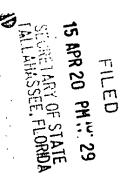
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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1. LEX 27 2015

COVER LETTER

2

TO: Registration Section Division of Corporations		
Hoth Systems LLC		
	of Limited Lie	ability 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 n	natter to the f	ollowing:
Samantha Newfrock		
Name of Person		_
Hoth Systems LLC.		
Firm/Company		ooldes
10537 Arbor View Blvd		
Address		
Orlando, Florida 32825		
City/State and Zip Code		
sam@hothsystemsLLC.com		
E-mail address: (to be used for future annua	l report notifi	cation)
For further information concerning this matter, ple	ease call:	
Samantha Newfrock	813 at (563-9747
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 an	nount:	
☑ \$25 Filing Fee	□ \$5	5 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.

i. 1	Name of the limited liability company: Hoth System	ns LLC.
2. (a)	(b)
<i>-</i> . (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10537 Arbor View Blvd	10537 Arbor View Blvd
	Orlando, Florida 32825	Orlando, Florida 32825
	3/2 <i>5</i> /2015	L1500005305
3.	Date of filing/registration in Florida	4. Document number
5. (a	1)	
J. (Registered Agent and Registered Office shown on the records of Samantha Newfrock	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
	10537 Arbor View Blvd	
	Orlando , F	32825 5
а		ed Office address:
(b	Enter name of NEW Registered Agent and/or NEW Registere	red Office address:
	InCorp Services, Inc.	PM "." 29 SEE, FLORBO
	NEW Registered Office Address:	Logia
	17888 67th Court North	29 ZE 29
	Loxahatchee	FL 33470
the clagen was/	hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I	· · · · · · · · · · · · · · · · · · ·
4/	a marthe MAD	Samantha Newfrock
I hei provi the o	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provid crely reflect a change in the registered office address, I ted in writing of this change.	Printed or typed name of signee Igree to act in this capacity. I further agree to comply with the lie performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been Phat of Incorp Services, Inc.