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### **COVER LETTER**

/a	4.9
TO:	Registration Section
	Division of Corporations

SUBJECT: The Coronal Atom Bridge
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:

Name of Person

The Correspond Street

Firm/Company

Street

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (45) 636 - 5848

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 & 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.	Na	me of the limited liability company: The Comm	براص	dico	Bridge !	//	<u> </u>
2.	(a)		(b) _		$\mathcal{O}_{\mathbb{P}}$		
۷,	(4).	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		1120 arming Street		11,30	JAN CONT	street	
		moitherd, T. 3025)		ر الحمد	Lord, El.	30%	5/
		moch 31 2015		115	aao 567/	9	
3.		Date of filing/registration in Florida	4.	l	Document number		
5.	(a)	Legal Zoon	<u> </u>				
		Registered Agent and Registered Office shown on the records of the F	Florida De	pt. of State:			
		1100 downing Stout					
		Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)			_	91
						<i>1</i> 51	<u> </u>
				7		<b>A</b> PR	
		,FL	<i>50.</i>	5/		21	프라크 크게드
	21 X	5 4 8/1					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	fice addres			- X	, ·
		3	,	_		S)	
		1120 charin stree	<del>-/</del>			9	٠١,
		NEW Registered Office Address:					
		souther fl		<del></del>			
		- 110		~-/	,		
		FL_	52	<u> </u>			
the age	cha nt w	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the	e register lity comp	ed office cany, it is	and the business offi hereby confirmed th	ice of the re at the chan	gistered ge(s)
		cles of organization or the operating agreement of the lim				i wise provi	aca iii
<			$\in$	$\sum_{m}$	At B/		
	ignat	ure of a member or authorized representative of a member		•	Printed or typed name of	signce	
I h pro the to i not	erel ovisi obli mere vifice	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here the first the registered of the readdress. I here the writing of this change.	to act in rformanc or in Cha reby confi	this capa se of my a pter 605, irm that t	city. I further agree luties, and I am famil F.S. Or, if this doct he limited liability co	to comply v liar with an ument is bei ompany has	with the d accept ing filed been
Sic	natiii	re of Registered Agent					
				·- ·	DV 445.		
		Division of Corporations • P.O. Box FILING FEE			see, FL 32314		