L15000 057601

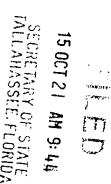
((Requestor's Name)						
	(Address)						
	(Address)						
	City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL					
((Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of S	Status					
Special Instructions	to Filing Officer:						





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10/21/15--01011--010 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ:	Super Hiro LLC				
	Nan	ne of Limite	ed Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to	the following:		
Dere	k Blankenship				
	Name of Person				
Supe	er Hiro LLC				
	Firm/Company				
801 E	E. Hibiscus Blvd., #2				
	Address				
Melb	ourne, FL 32901				
	City/State and Zip Code				
derel	(@jayconsystems.com				
I	E-mail address: (to be used for future and	nual report	notification)		
For fu	rther information concerning this matter,	, please call	:		
Dere	k Blankenship	888	226-4711		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	=		Registration Section		
	Division of Corporations	Division of Corporations			
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	■ \$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.

1. Na	ame of the limited liability company: Super Hiro Ll	LC					
2. (a)	Super Hiro LLC	((b) Super Hiro LLC				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing addres (<u>Note: MA</u>)			
	801 E. Hibiscus Blvd. #2		801 E. H	libiscus Bl	vd. #2		
	Melbourne, FL 32901	_	Melbour	ne, FL 329	901		
	04/01/2015		L150000	57601			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)							
· ()	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	e:			
	Jaycon Systems LLC			_			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>(S)</u>				
	801 E. Hibiscus Blvd. #2			_			
	Melbourne	32901					
		- <u></u>		_	TAE SE	ភ	
(b)				_	CRE	5 OCT	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:		IAS IAI	72	· rashe
	Jiten Chandiramani				CRETARY OF STATE LAHASSEE, FLORIDA		2
	NEW Registered Office Address:			_		AH 9	
	801 E. Hibiscus Blvd. #2				ORI ORI	9: h i	Paramet
				_	DA E	452	
	Melbourne	32901					
the cha agent was/we the art Signa I here provise the obe to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I d in writing of this change	f the regisability of the linited Decree to according to the property of the p	istered offic company, it is mited liability liability cor erek Blanko	e and the bus hereby control company on pany. Printed or ty pacity. I further additional and details and details and details and details and details.	siness of nfirmed to or as oth	of sign	of the registered ne change(s) e provided in

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

Signature of Registered Agent