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(Req	uestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mesh Apparel Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following
Lindsoy Compton Name of Person	
Mesh Appavel, L	LC
4939 16th Street	
Zephyrhuls, fl 3359 City/State and Zip Code	42
Compton lindsay@ama E-mail address: (to be used for future annual/eport	notification)
For further information concerning this matter, please cal	3-735-9945
For further information concerning this matter, please call the control of the co	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

Floride	a.
1. Na	ame of the limited liability company: Mesh Apparel, UC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) LIG39 16th Street Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Zephyrhills, Fl 33542 Zephyrhills, Fl 33542
3.	May 28, 2015 Date of filing/registration in Florida L 15000093635 Document number
5. (a)	United States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u>A</u>
	Tampa , FL 33612
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	H939 10th Street NEW Registered Office Address
	Zeohyrhills FL 33542
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge 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) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
Signa	ure of a member or authorized representative of a member Printed onlyped name of signee
I here provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

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

otifi**ed i**n writing of this change

Signature of Registered Agent