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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	ECT:						
	Name	of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Dustir	n Klath						
	Name of Person	<del></del>					
Dustir	n Curtis Klath LLC						
	Firm/Company						
100 V	V Grant St, #4048						
	Address						
Orlan	do, FL 32806						
	City/State and Zip Code						
klath1	4@gmail.com						
E	-mail address: (to be used for future annua	al report notification)					
For fur	ther information concerning this matter, p	lease call:					
Dustir	Klath	407 808-6984					
	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 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. Na	ame of the limited liability company: Dustin Curtis	Klath L	.LC				
		(1	o)				
• • •	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	N	Mailing addres ( <u>Note: MA</u> )	s of limited	l liability	company:
	100 W Grant St, Apt 4048		100 W G	Frant St, A	pt 4048	3	
	Orlando, FL 32806	_	Orlando,	, FL 32806	6		
	07/10/2015		L150001	19080			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)				_			
· ()	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- ∋:			
	CORPORATION SERVICE COMPANY						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>5)</u>	-			
	1201 HAYS STREET						
	Tallahassee, FI	32301		-	SECR	16 FI	Carrier .
					CRETARY OF STATE LAHASSEE FLORIDA	FEB 2	J. B.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office or	Idroce:	-		+	प्र <sup>100</sup> किस्तेत्र E
	Enter name of NEW Registered Agent and/or NEW Registered	i Office ac	idi ess.		بار الله الله	3	[7]
	Dustin Klath				, L O I	$\ddot{\wp}$	J
	NEW Registered Office Address:			•	<u> </u>	$\frac{\omega}{-}$	
	100 W Grant St, Apt 4048			_	4.2		
	Orlando , FI	32806	; 				
70.1 1				- ::::::::::::::::::::::::::::::::::		. C	that after
the cha agent v was/wa	imited liability company is not organized under the larange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the reginability confithe limited	istered office ompany, it is nited liability	e and the bu s hereby cor y company o	siness of ifirmed th	fice of that the	the registered change(s)
	ture of a member or authorized representative of a member			Printed or ty		_	
I here provise the obe to mer notifie	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 provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perforn ed for in hereby c	t in this cape vance of my c Chapter 605 confirm that	acity. I furt duties, and i, F.S. Or, i the limited l	her agree I am fam f this doc liability c	e to con iliar wi cument c compan	nply with the th and accept is being filed y has been
Signatu	ure of Registered Agent						