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COVER LETTER

TQ:	Registration Section Division of Corporations					
SURIE	Daley Law Firm PLLC					
SUBJE	SUBJECT: Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Damia	an D. Daley					
	Name of Person		_			
Daley	Law Firm PLLC					
	Firm/Company		_			
15150) NW 79th Ct. Suite 195					
	Address		_			
Miami	Lakes, FL 33016					
	City/State and Zip Code		_			
ddale	y@dlf-legal.com					
E	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	ther information concerning this matter,	please call:				
Damia	an D. Daley	786	837-7733			
	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	Re Di P.0 Ta	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18	3 (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.

(a)	15150 NW 79th Ct. Suite 195	50 NW 79th Ct. Suite 195			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	Miami Lakes, FL 33016	Miar	Miami Lakes, FL 33016		
	September 21, 2017	 L1500	00121314		
	Date of filing/registration in Florida	4.	Document number		
1)	Damian D. Daley		Document number f State:		
(-/	Registered Agent and Registered Office shown on the record Wilson Daley PLLC	f State:			
	Registered Office Address (MUST BE FLORIDA STRE				
	1776 N. Pine Island Rd. Suite 208	- 2			
	Plantation	ntation , FL 33322			
)	Damian D. Daley				
,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:			
	NEW Registered Office Address:				
	15150 NW 79th Ct., Suite 195				
	Coral Gables	, _{FL} 33016			
	15150 NW 79th Ct., Suite 195	, _{FL} 33016	of Florida, it is hereby confirmed th		

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent