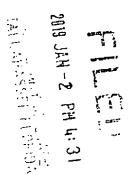
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	ose, LLC		
. Name of	f Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this m	latter to the following:		
Name of Person			
·			
Firm/Company			
_1514/2 E & Am			
Address		- 2	
James Fe 32,60 G		019 JA	c>=
City/State and Zip Code			Ē sa
Chonerentals 5 6	mail. com	~ ~	
E-mail address: (to be used for future annual	report notification)	PH 4:	: •
For further information concerning this matter, plea	ase call:	<u> </u>	
Innitional Sanadio	at (415) 294-7187		
Name of Person	Area Code & Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$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 ugent, or both, in the State of Florida. Name of the limited liability company: (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member of 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

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