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| (Re | questor's Name) | ······ |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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| | COVER LETTER " | · ··· iši |
|--|---|---------------------------|
| TO: Registration Section Division of Corporations | • | |
| SUBJECT: CHILDS BO | OX, L.L.C. of Limited Liability Company | |
| | or Emmed Elability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted fo | r filing. |
| Please return all correspondence concerning this r | matter to the following: | |
| Lauren Haydu Name of Person | | |
| CHILDS Box Firm/Company | | |
| 3916 Lake Sarah Dr. | ive | |
| Octando Fz 32804 City/State and Zip Code | | |
| Childs box @ amail. E-mail address: (to be used for Juture annua | Lon lreport notification) | |
| For further information concerning this matter, ple | ease call: | |
| Lauren Haydy Name of Person | at (407) 376-6 Area Code & Daytim | 905 e 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 | 4 |
| Enclosed is a check for the following an | mount: | |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certifie | ed 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 | me of the limited liability company: CHILDS BOX, L.L.C. |
|----------------------------------|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 3916 Lave Surah Dr Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | orlando, F2 32804 orlando, F2 32804 |
| 3. | 8 9 15 L 15000 4 L 15000 4 Document number |
| | Burns, Elizabeth |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 447 Bella Vida Blvd |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | oda |
| | <u>orlando</u> , FL 32828 |
| (b) | Lauren Haydu |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | 3916 Lake Sarah Drive |
| | NEW Registered Office Address: |
| | |
| | orlando, FL 32804 |
| | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| agent w was/we | nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in |
| | cles of organization or the operating agreement of the limited liability company. |
| Signe | ure of a member or authorized representative of a member AUTEN HAUAU Printed or typed name of signee |
| provision the obli 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 by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change. |
| Signatur | re of Registered Agent |