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K. SALY AUG - 8 2017

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MMJND	Name of Limited Liability Company
Dear Sir or Madam:	
	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Michael S Bus Name of Person	
Stretch Zone Firm/Company	
1500 CORDOVA Rd Address	# 204
Ft. Lauderdale Fl. City/State and Zip C	3331L
m bush @ 5 fe to h zone. Co E-mail address: (to be used for futu	2 M  ure annual report notification)
For further information concerning this	matter, please call:
Michael Bush	at ( 954 ) 328-9028  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the foll	owing 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

Florida.						
I. Name of the limited liability company:	1D L	LC		<u>.</u>		
2. (a) 2621 N. Federal Hay  Principal office address of limited liability company:		PO Bo	× 460367	}		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
Boca Raton FL 33431		.F <u>/</u>	Laudedle	_FL	333	146
	<u> </u>	-				
3. Date of filing/registration in Florida		LISC	0001593	50		
3. Date of filing/registration in Florida	4.		ocument number			
5. (a) Michael Bush						
Registered Agent and Registered Office shown on the records of th	ie Florida De	pt. of State:				
922 N Foderal Huy						
Registered Office Address (MUST BE FLORIDA STREET AL						
Fort Laudedel, FL 3330	.}					
FL				¥2i ¥	2017	
(b) Stretch Zone Huldings L Enter name of NEW Registered Agent and/or NEW Registered O	١٤			LAHASSEE FLORIE	2017 AUG 4 PM 12: 06	
Enter name of NEW Registered Agent and/or NEW Registered O	Office addres	<u>.v.</u> :		SS.7.	<u> </u>	
1500 CORDOVA Rd #	2 AU			T.O	P	
NEW Registered Office Address:	201			25. 15. 10.	<u> </u>	<u>_</u>
•				10/	90	
<u> </u>	<u> </u>	<del></del>				
Ft. Laude dale FL	333	16				
If the limited liability company is not organized under the laws	s of the Sta	ate of Flori	da, it is hereby	contirme	d that a	fter
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab	he register	ed office a	ind the business	office of	f the reg	istered
was/were authorized by an affirmative vote of the members of	the limited	d liability o	company or as o	therwise	provide	ed in
the articles of organization or the operating agreement of the li	imited liab			7.0		
Signature of a member or authorized representative of a member		PHENE	rinted or typed nam	ne of signer	<del></del>	
I hereby accept the appointment as registered agent and agre-	re to act in	this capac	ity I further as	ree to co	molv w	ith the
provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he	erjormanc jor in Cha	re of my du ipter 605, 1	ties, and Lam fo F.Ş. Or, if this c	ımiliar w locument	ith and Lis bein	accept g filed
to merely reflect a change in the registered office address, I he notified in writing of this change,	reby confi	irm that th	e timited liabilii	y compai	ny has b	een
Signature of Registered Agent						