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COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: Florida One Enterprises LLC Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Melissa Santiago Name of Person | | |
| Florida one Enterprises LLC Firm/Company | | |
| 4532 Commander DR. # 2127 Address | | |
| ORlando, FL 32-822 City/State and Zip Code | | |
| Myraltome @ Gmail - Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Melissa Santi Acio at (40) 346.3884 Name of Person Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 | | |

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. Name of the limited liability company: Flori 4'A | One Enterprises LLC |
|--|---|
| Principal office address of limited liability company: | (h) Mailing address of limited liability company: |
| (<u>Note: MUST BE STREET ADDRESS</u>) | (Note: MAY BE POST OFFICE BOX) |
| 45.32 COMMANDER DR #212 | 7 4532 Commander DR. # 212; |
| ORlando, FL 32822 | ORlando, FL 32822 |
| 9/22/2015 | 4. Document number |
| | |
| 5. (a) Brence Santiago Registered Agent and Registered Office shown on the records of the | e Florida Dent, of State |
| Registered Agent and Registered Office shown on the records of the | e Florida Dept. of State. |
| Registered Office Address (MUST BE FLORIDA STREET AL | DDRESS) |
| 4532 Commander JR. # 21 | 27 |
| ORlando, 5, FL | 32822 REC CT |
| (b) MCliSSA SANTIAGO Enter name of NEW Registered Agehr and/or NEW Registered O | PR 2: |
| NEW Registered Office Address: | |
| | |
| , FL | |
| If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li | the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company. |
| Signature of a member assumption and the signature of a member | Melissa Santiago Printed or typed name of signee |
| I hereby accept the appointment as registered agent and agre 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 him notified in writing of this change. | |