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| (Requestor's Name) | | | | | | |
|---|---|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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SECRETARY OF STATE

S. PRATHER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---------|--|--------------------------|--|--|--|--|--|
| SUBJI | Double Eagle Dynamics, LLC. | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Office Ch | ange and fe | e(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning this matt | ter to the fol | llowing: | | | | |
| Phillip | o Noblin | | | | | | |
| | Name of Person | | • | | | | |
| Doub | le Eagle Dynamics, LLC. | | | | | | |
| | Firm/Company | | | | | | |
| 3200 | South Congress Ave, Suite 203 | | | | | | |
| | Address | _ | | | | | |
| Boynt | on Beach, FL 33426 | | | | | | |
| | City/State and Zip Code | | | | | | |
| pnobl | in@icloud.com | | | | | | |
| E | -mail address: (to be used for future annual re | port notifica | tion) | | | | |
| For fur | ther information concerning this matter, please | e call: | | | | | |
| Phillip | | 561 | 376-3149) | | | | |
| | 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 | Regis Divis P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314 | | | | |
| | Enclosed is a check for the following amount: | | | | | | |
| | ■ \$25 Filing Fee | - \$551 | Filing Fee & Certified Copy | | | | |

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: Double Eagle Dynamics, LLC. | | | | | |
|--------|---|--|-----------------------------------|---|--|--|
| 2 | (a) | 3200 South Congress Ave | a | 3200 Sou | ith Congress Ave | |
| 2. | (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| Ma | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | Suite 203 | Suite 203 | | | |
| | | Boynton Beach, FL 33426 | _ | Boynton E | Beach, FL 33426 | |
| | | 10/09/2015 | | L15000172 | 2323 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5 | (a) | UNITED STATES CORPORATION AGENTS | , INC. | | | |
| J. (i | (u) | Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT | e Florid | a Dept. of State: | 5 2 | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL SUITE A | DDRES. | <u>S)</u> | 7018 OCT SEURE TALLL | |
| | | TAMPA ,FL3 | 3612 | | | |
| | (b) | Phillip Noblin Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office ad | ldress: | M 4: 06 SSEE, FL | |
| | | 3200 South Congress Ave | | | | |
| | | NEW Registered Office Address: | | | | |
| | | Suite 203 | | | | |
| | | Boynton Beach, FL FL3 | 33426 | | | |
| the ag | e cha ent vas/we e arti Signa | imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had | he regicility of the limited Phi | stered office company, it is nited liability liability compillip Noblin | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee | |
| no | otifie | in writing of this change. The of Registered Agent | - | - y | | |