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TO:

Registration Section

Division of Corporations the inspection institute IIc SUBJECT: 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: Richard Williams Name of Person the inspection intitute Firm/Company 2000 e 12th ave # 5466 Address tampa, fl 33675 City/State and Zip Code info@theinspectioninstitute.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: albert cooke Area Code & Davtime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ☑ \$25 Filing Fee 1NHS18 (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.

a)			(t)					
	Principal office address of limited (Note: MUST BE STREET	liability company:			~	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2000 e 12th ave #5466 tampa fl 33675			2000 e 12th ave # 5466					
				tampa fl 33675					
	10/19/15			L150001	77668				
	Date of filing/registration	in Florida	4.		Documer	nt number			
a)	albert cooke					· 23			
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat				– le:	•			
	903 e saint clair st								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		<u>ب</u>	F.7	
	tampa		33605				ت ب 5	J	
	MRHAM WILL	IAMS		· <u>-</u>		ı	w		
	Enter name of <u>NEW Registered Agent</u> ar	nd/or NEW Registered	Office ad	<u>dress</u> :					
	Alchard Milliams								
	NEW Registered Office Address:								
	2000 e 12th ave #5466				_				
	tampa	FL	33675		_				
ha	mited liability company is not organge or changes are made, the Florid	da street address of	the regi	stered offic	ce and the b	ousiness o	ffice of t	he registere	
we	will be identical. Or, in the case of the authorized by an affirmative vot cless of organization or the operation	e of the members of	of the lin	nited liabili	ity company	onfirmed or as oth	that the dierwise p	change(s) provided in	
ши	MANT LANCE			ert cooke					
	/UE/ V1/ · · · · · /// ///								

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

Signature of Registered Agent