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	(Requestor's Name)				
(Address)					
(Address)					
<u>. u</u>	(City/State/Zip/Phone #)				
PICK-UI	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: One Stop Model Shop, LLC	,			
: Name	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Gina Ficarrotta				
Name of Person				
One Stop Model Shop, LLC				
Firm/Company	······································			
605 Bermuda Blvd.				
Address				
Tampa, FL 33605				
City/State and Zip Code				
Ttowngna@gmail.com				
E-mail address: (to be used for future annu	nal report notification)			
For further information concerning this matter, p	please call:			
Vincent Ficarrotta	813 248-5029			
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	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	□ \$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.

1.	Name of the limited liability company: One Stop Mo	odel Sno	op, LLC	<u></u>
2. (a	a) 6600 Taft St. (b) 1400 H			Iolly Heights Dr.
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· J. <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hollywood, FL 33024		Apt. 3	
		<u> </u>	Ft. Lau	derdale, FL 33304
	10/30/2015		L150001	84766
3.	Date of filing/registration in Florida	4.		Document number
5. (a) UNITED STATES CORPORATION AGENT	S, INC.		
	Registered Agent and Registered Office shown on the records of 13302 WINDING OAK COURT	the Florida	Dept. of Sta	200
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	3)	_
	Α		4	NOV 2
	TAMPA ,FI	33612		—
(t	Vincent Ficarrotta			PH 12: 20 OF STATE
,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	605 Bermuda Blvd.			
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	_
	Towns	22005		_
	Tampa FI	33605		
the cagent agent was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization of the operating agreement of the	f the reginability controls for the lim	stered offic ompany, it sited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Stippuster	GIN	NA FICAF	RROTTA
I hei provi the o to me notifi	nature of a member or authorized representative of a member reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I lied in writing of this change.	ree to ac perform d for in t hereby c	in this cap ance of my Chapter 60 onfirm that	Printed or typed name of signee bacity. I further agree to comply with the challes, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been