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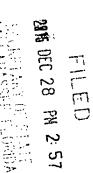
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## COVER LETTER

Division of Corporations
SUBJECT: The OHIO Partnership Cyrosip LCC 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:
Deny Trancoso Name of Person
The OHIO Partnership Group LCC Firm/Company
127 W. Fairbarks Aue# 281 Address
Winter Park FL 32789 City/State and Zip Code
Denny. RealEs fate @ Hofmail. Cou E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deny Troncoso at (407) 575-1327  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  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Registration Section

TO:

## 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 to	~ I				
1. Na	me of the limited liability company:	offic	Partn	ership	Cyro	Up Le	<u>८</u> С
.2. (a)	127 W. Fairbacks AUR	(b)	127 W	fairbo	nks	Aue	•
•	Principal office address of limited liability company:			ng address of limi			
	(Note: MUST BE STREET ADDRESS)		. 1	ote; MAY BE PO	<u>ST OFFIC</u>	E BOX)	
	<i>47281</i>		#28				
	Winter Park FC 327	295	winte	s Park	FC	327	85
	11/10/2015		415	00019	063	6	<del></del>
3.	Date of filing/registration in Florida	4.	Do	cument numbe	r		
5. (a)	Small Bushuss Reso	orces (	JSA; Z	N C			
•	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:				
	1601 Park Center D	1					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
	Suite 6A		<del></del>		****		4-
	orlando,	FL_32	83S			123 274	al'
	Deny Troncoso					)30 	
(b)	Enter name of NEW Registered Agent and/or NEW Register	ad Office add	MAGUE			28 28	
	Enter name of NEW Registered Agent and/or NEW Register	eu Omce agu	<u>ress</u> .			177	
	127 W. Fairbacks &	Juo #	+291			· 윤 🗇	÷.
	NEW Registered Office Address:		<u> </u>		* * * *	પ્	7
						7	
	winter Park	fl <i>32</i>	789				
TC4L . I	inia deligita.	lavva af th-	Cinto of Cloub.	a it ia hamabaa	aan firmaa	l that after	
the cha	imited liability company is not organized under the inge or changes are made, the Florida street address	of the regis	state of riorid	d the business	office of	the registo	ered
agent v	will be identical. Or, in the case of a Florida limited	liability co	mpany, it is ho	reby confirmed	d that the	change(s)	)
was/w	ere authorized by an affirmative vote of the member	s of the limi	ited liability co	ompany or as o	therwise	provided i	n

the articles of organization or the operating agreement of the limited liability company

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent