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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEVER	JOANN LLC
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
TREN Croykly Name of Person	<u>uAn</u>
Never Arraw LLC Firm Company	<u> </u>
133 NE 2 Nd Aug # 20 Address	606
MIAMI FL 38132 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual repo	t notification)
For further information concerning this matter, please c	all:
FRED GOYKHMAN at (2	12) , 504-8195
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
\$325 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.

Name of the limited liability company:	Never Arraw LLC.
122 AT 2 1 1 1 1 1 1 1	
Principal office address of limited liability compan	y: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
MANI FL 3312	2 SANFRANCISCO CH
\$.	94129.
12/7/2015	L1500024095
3. Date of filing/registration in Florida	4. Document number
5. (a) /eexal/200m	
Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)
	FL
<i>-</i> 1	
(b) TRED COOKHWAN	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address:
AS NE 2Nd	Aue. St& 2606
NEW Registered Office Address:	
MIAMI'	
<u> </u>	_ FL_ <u>43132</u> .
If the limited liability company is not organized under t	he laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address	ess of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the mem	bers of the limited liability company or as otherwise provided in
the articles of organization of the operating agreement of	
Signature of a member or authorized representative of a member	Printed or typed hame of signee
The share and the same interest as a seletaned against an	nd agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been
Signature of Registered Agent	