## L/COCO/1846

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UMILY MICE · BRUCE

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT:	SES LLC
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
RON ROBERTS	
Name of Person	
LONGHORN MINING ENTERPRISES LLC	
Firm/Company	
865 TAHOE BLVD, STE 302B	<del></del>
Address	
INCLINE VILLAGE, NV 89451	2016 APR 1
City/State and Zip Code	GO S
NCTRER@GMAIL.COM	ma
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	- TAN 1000 (上)
RON ROBERTS 4	08 892-3242
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 amoun	ıt:
■ \$25 Filing Fec	□ \$55 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.

l. Na	me of the limited liability company: LONGHORN	MININ	1G	ENTER	PRISES LL	С		
2. (a)	865 TAHOE BLVD, STE 302B	(	(b)	865 TAH	IOE BLVD,	STE	302B	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	— <b>`</b>	.~,		fuiling address (Note: MAY)			
	INCLINE VILLAGE, NV 89451			INCLINE	VILLAGE,	NV	89451	
•	JAN 19, 2016		L	1600001	1866			
3. 5. (a)	Date of filing/registration in Florida GAUTHIER, RHONDA	4.	_		Document nu	mber		
). (a)	Registered Agent and Registered Office shown on the records of to 16590 NE 51 ST	he Floric	la I	Ocpt. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S)					
	WILLISTON , FL	32696			!	NI ONE	2016 APA	ene preg
<i>(</i> <b>L</b> )	INCORP SERVICES, INC.				6	\$25. 17.00	==	CHE WA
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ddr	<u>ess</u> :	ָ רַ	7	ט ט	Cornell
	17888 67TH COURT NORTH						); Si	
	NEW Registered Office Address:				3	>	o	
	LOXAHATCHEE, FL	33470	)					
he char igent w vas/we	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the law.	the regi bility c f the lin limited	iste om nite lia	ered office apany, it is ed liability	and the busir hereby confi company or pany.	rmed	ffice of the c	ne registered hange(s)
_	re of a member or authorized representative of a member				Printed or typed		_	
l hereb provision he obli omere prified	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect u change in the registered office address, I have the property of this change.							ply with the h and accept being filed has been`
Sgnatur	MREGISTERED A SCHENSEN ON 6	x Neit	- (	B IV	ionp Servi	us	Inc.	

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

INHS18 (2/14)