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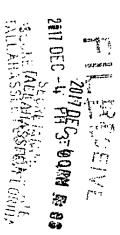
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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to | Filing Officer | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of C | | |
|---|--|---|
| SUBJECT: PLUM | PLLC | |
| | Name of Lim | nited Liability Company |
| Dear Sir or Madam: | | |
| The enclosed Registe | red Agent/Registered Office Chan | ge and fee(s) are submitted for filing. |
| Please return all corre | espondence concerning this matter | to the following: |
| AMY STEFFEY | | |
| | Name of Person | |
| PLUMP LLC | | |
| | Firm/Company | |
| 4201 N OCEAN [| ORIVE #603 | |
| | Address | |
| HOLLYWOOD, F | L 33019 | |
| | City/State and Zip Code | |
| Amy stelley | (to be used for future annual repo | Com |
| | on concerning this matter, please of | |
| | on concerning this matter, prease c | an. |
| AMY STEFFEY | at (| 336.8257 |
| Nam | e of Person | Area Code & Daytime Telephone Number |
| STREET/C | OURIER ADDRESS: | MAILING ADDRESS: |
| Registration | | Registration Section |
| | Division of Corporations Division of Corporations | |
| | Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 | |
| | Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is | a check for the following amoun | t: |
| \$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. N | ame of the limited liability company: PLUMP LLC | | |
|--|--|--|--|
| 2. (a) | | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 03/31/2016 | L160 | 000064563 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | | | |
| | Registered Agent and Registered Office shown on the records of t | the Florida Dept. | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | DEC #### |
| | ROYAL PALM BEACH,, FL | 33411 | The second secon |
| (b | AMY STEFFEY | | 및 및 [] (Page 12 |
| (0 | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | |
| | NEW Registered Office Address: | | |
| | 4201 N OCEAN DRIVE #603 | | |
| | | | |
| | HOLLYWOOD , FL | 33019 | |
| the clagent was/vithe and Sign I her provide the out to me | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of the appointment as registered agent and agreement of all statutes relative to the proper and complete obligations of my position as registered agent as provide reflect a change in the registered office address, I is a supplied to this change. | the registered ability compared the limited limited liability AMY STREET TO ACT IN THE PROPERTY OF THE PROPERT | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. TEFFEY Printed or typed name of signee as capacity. I further agree to comply with the |
| noug | ed in writing of his change. turgo Registered Alent | | |

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

INHS18 (2/14)