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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT: Kill Switch, LLC	CT:				
Name of L	imited 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:					
Eric L. Hodges					
Name of Person					
Kill Switch, LLC					
Firm/Company					
9483 SE 126th Blvd					
Address					
Okeechobee, FL 34974					
City/State and Zip Code					
E-mail address: (to be used for future annual rep	port notification)				
For further information concerning this matter, please	call:				
Eric L. Hodges at (321-689-4490				
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:					
■ \$25 Filing Fee	☐ \$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.

1.	Name of the limited liability company: Kill Switch, LLC	; 	
2. (a	719 US HWY 98 N Okeechobee, FL 34972	(b) 71	9 US HWY 98 N OKeechobee, FL 3497
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	4/11/2016		000071254
3.	Date of filing/registration in Florida Meredith R. Griffin	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AD.	•	. of State:
	9483 SE 126th Blvd		
	Okeechobee34	4974	Color Signal Signal
(b	Eric L. Hodges Enter name of NEW Registered Agent and/or NEW Registered Of NEW Registered Office Address:	fice address:	APR 10 PM & 2
	719 US HWY 98 N		
	Okeechobee , FL 34	1972	
the clagent was/v the ar	limited liability company is not organized under the laws lange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the limitature of a member of authorized representative of a member	e registered lity compar he limited l nited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Exic (Hoyas) Printed or typed name of signee
I her provis the ol to me notific	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete pelligations of my position as registered agent as provided for rely reflect a change in the registered office address, I hered in writing of this change.	to act in the rformance of or in Chapte eby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signat	nure of Registered Agent		