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## LLC REGISTERED AGENT CHANGE SIMPLYFABDRESS, LLC

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S. YOUNG

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## 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. Ni	ame of the limited liability company:simplyfabdres	s, LLC		
2. (a)	10208 Altavista Ave	(b)	(b) 10208 Altavista Ave	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#201		#201	
	Tampa, FL 33647	<del></del>	Tampa,	FL 33647
	04/14/2016	l	_160000	74374
3.	Date of filing/registration in Florida	4.		Document number
5. (ล)	United States Corporation Agents, Inc.			
. (,	Registered Agent and Registered Office shown on the records of a 13302 Winding Oak Court	the Florida	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		TA LE
	A		<del></del>	MAY -3
	Tampa , FL	33612		
41.	Registered Agents Inc.		ŗ.	<u>မ</u> မ်း
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ross:	
	3030 N. Rocky Point Dr.			3 AM IO: 27
	NEW Registered Office Address:			
	STE 150A	<del> </del>		<del></del>
	Tampa , FL	33607	<del></del>	_
the changent was/wo	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability con of the limi limited li	tered office mpany, it ted liabili ability co	re and the husiness office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sima	ture of a member or authorized representative of a member	Hile	y Park	Printed or typed name of signee
1 here provisi the obl	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	ee to act performa d for in C hereby co	in this caj ince of my hapter 60 nfirm thai	-
Signat	To Kegisida Agent		į!	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00