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(Requestor's Name)						
(Address)						
(Address)						
(risaless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
,						
(Document Number)						
Certified Copies Certificates of Status						
Consult Instructions to Filing Officer						
Special Instructions to Filing Officer:						





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COVER LETTER

TO: Registration Section Division of Corporations			
PERFECT HEAT LLC SUBJECT:			
3000000	Name of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ed Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concert	ning this matter to the	following:	
ATTILA BIRO			
Name of Persor			
PERFECT HEAT LLC			2
Firm/Company			
80 SOUTH SHORE DRIVE APT 411			
Address			
MIAMI BEACH, FL 33141			•
City/State and Zip	Code		:
info@perfectplay.hu			
E-mail address: (to be used for future	ure annual report notif	cation)	
For further information concerning this	matter, please call:		
Attila Biro	at (786)932-6055	
Name of Person		Area Code & Daytime Tele	phone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	e
Enclosed is a check for the following	lowing amount:		
■ \$25 Filing Fee	\$25 Filing Fee ☐ \$55		y

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: PERFECT HEA	AT LLC				
2. (a	80 SOUTH SHORE DRIVE APT 411	(b)	(b) 80 SOUTH SHORE DRIVE APT 411			
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company: BE POST OFFICE BOX)		
	MIAMI BEACH, FL 33141		MIAMI BEACH, FL 331	141		
		 -				
	05/13/2016	L	16000094711			
3.	Date of filing/registration in Florida IMWORLD SERVICES, INC.	4.	Document no	umber		
5. (a)	Registered Agent and Registered Office shown on the records 424 E CENTRAL BLVD # 106	Dept. of State:	207' FEB			
	Registered Office Address (MUST BE FLORIDA STREE					
	ORLANDO	FL_32801		P:1 2:		
(1	b)			ည်း က #		
	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	ess:			
	80 SOUTH SHORE DRIVE					
	NEW Registered Office Address: APT 411					
	міамі веасн	FL_33141				
chan agen was/ the a	e limited liability company is not organized under the lage or changes are made, the Florida street address of the the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the AHAL Rim	he registered liability com s of the limite he limited lia	office and the business pany, it is hereby conf ed liability company or	s office of the registered irmed that the change(s)		
Sig	enature of a member or authorized representative of a member			ed name of signee		
I he prov the o to m	reby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple obligations of my position as registered agent as provic erely reflect a change in the registered office address, fied in writing of this change.	wree to act in le performan ded for in Ch I hereby con,	n this capacity. I furthe ce of my duties, and I c apter 605, F.S. Or, if t firm that the limited lia	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
Sign	Affle Plv ature of Registered Agent					

. . . .