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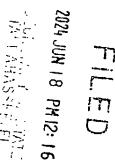
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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificates	of Status
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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	Composite Design and Research Name of Limited Liability Company				
oom.cr.					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to th	ne following:		
Jason Gibson	ı				
	Name of Person				
Composite De	esign and Research				
	Firm/Company				
3912 Oak Cre	est Cir.				
	Address				
Port Orange,	FL 32129				
	City/State and Zip Code				
	@compositedr.com				
E-mail	address: (to be used for future annu	al report no	tification)		
For further in	nformation concerning this matter, p	olease call:			
Jason Gibson		at (386	453-8089		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Encl	losed is a check for the following a	imount:			
□ \$:	25 Filing Fee	ø	\$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.

	me of the limited liability company:		. <u>-</u>				
2. (a)	Composite Design and Research	_ (b)_					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of (Note: MAY BI		-	
	3912 Oak Crest Cir.						
	Port Orange, FL 32129				·	.	
	5/17/2016	L1	60000964	1 39			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.						
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida Do	ept. of State	e:			
	476 RIVERSIDE AVE.					2	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		_	A COSS FL	924 JU 1	77
	JACKSONVILLE, FL_3	32202		- -	<u>∴</u> .	8	
(b)	Registered Agents Inc			_		PH I2	D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office addre	<u>88</u> :		프릴	=	
	7901 4th St N			_	•1	•	
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg , FL 3	33702		_			
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities.	he registed bility completed the limited imited liab	red office pany, it i ed liabilit pility con	e and the busings is hereby confir ty company or a	ess office med that t	of the : he cha	registered nge(s)
Signat	ure of a member or authorized representative of a member			Printed or typed	name of sign	າຍຍ	
provision the obli to mere natified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he fin writing of this change.	e to act in performand for in Cha preby conj	this cap ce of my apter 602 firm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited liab	r agree to on familiar is docume bility comp	comply with a nt is be any he	with the nd accep eing filea is been
wid Se	David Roberts - Assistant Sec	cretary					

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