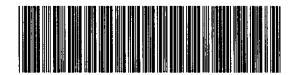
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(Re	questor's Name)	
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## **COVER LETTER**

v	Division of Corporations		
SUBJECT:	Deep Obsession		
Name of Limited Liability Company			
Dear Sir or 1	Madam:		
The enclose	d Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter	to the following:	
Enri	QUE Jara millo Name of Person		
Deep Obsession Charters Firm/Company			
216	N Federal Huy Address		
Lake	POIK, FL 3340 City/State and Zip Code	3	
<u>Cive</u> E-mai	address: (to be used for future annual repo	ONCINCITEIS, COM	
For further	information concerning this matter, please	alt:	
Amı	Oer BoutOt at (at (	561) 360 4574 Area Code & Daytime Telephone Number	
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section rision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
<b>X</b> 0	\$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. Na	me of the limited liability company: Deep Obsession Crowlers
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida  4. Document number  B12 - Filing  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Plantamon , FL 33324  Entique biomillo Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Alb D Federal Huy  NEW Registered Office Address:  Lake Park, FL 33403  FL
the cha agent w was/wg	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) we authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signa	dre of a member of a member authorized representative of a member Printed or typed name of signee
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed styreflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	re of Registered Agont

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