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D. BRUCE JAN 11 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Cigar City Name of I	Limited Liability Company	
· Name of t	Climica Diability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
trease retain an correspondence concerning and ma	iller to the restriction of the second	
Name of Person		
Firm/Company	Addings, LLC	2019 J
1514 /2 E. & Am	,	JAN -2
Address		70
Sity/State and Zip Code	<u>55</u>	
City/State and Zip Code		14.7
E-mail address: (to be used for future annual re	v C (5V/~ eport notification)	
For further information concerning this matter, pleas	se call:	
Inistative Parcolo at	(AM) 294.7187	
Name of Person	Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
\$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.

			$\sim$	01/11/10	
		gai City	17:07	CELON HOLD	131, r-rc
2. (a) \\( \)	1/2 8 8 Am	(b)_	51	PMA	
	ncipal office address of limited liability compan		M	ailing address of limited liai	bility company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OF	FFICE BOX)
Tam	(12, FL 33605				
<del> </del>					
<del></del>			·· ··· · · · · · · · · · · · · · ·	·	
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	5/24/16		アバ	c000100923	
3. I	Date of filing/registration in Florida	<del></del> 4.		Document number	
<i>&gt;</i>					
5. (a)	prostigues Janosa				
Registered	Agent and Registered Office shown on the reco	ords of the Florida Do	ept. of State:		
	38 E. Kennely Blud	•			
Regist <del>ere</del> d	Office Address (MUST BE FLORIDA STR	REET ADDRESS)			
S	04 S			<del>_</del> ;	.a
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	1 ante	_, FL <u>55\@()</u>	1		
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(p)	lichael A. Lerits	Ky		100 m	<del>ن</del> ا
Enter name	of NEW Registered Agent and/or NEW Regi	istered Office addre	<u>ss</u> :		
		11.			
	12 Cromesice	Sr # 1		ėji s	<u>~</u>
<u>NEW</u> Regi	istered Office Address:		-	<b>;</b> ·	
~	and				
<del></del>	1 carifornia	<del></del>			
-		2010	m		
	1 cmlie	_, FL <u>_) ) \c()</u>	<u>L</u>		
If the limited liab	oility company is not organized under the	he laws of the St	ate of Flor	ida. it is hereby confin	med that after
the change or cha	anges are made, the Florida street addre	ess of the register	red office a	and the business office	of the registered
agent will be iden	ntical. Or, in the case of a Florida limi ized by an affirmative vote of the mem	ited liability comp bers of the limite	pany, it is l	hereby confirmed that	the change(s)
the articles of or	canization or the operating agreement of	of the limited liab	oility_comp	company of as otherw	ise provided in
			$\langle \lambda \rangle$	in Paral	
Signature of a mer	inher or authorized representative of a member		X)117A	Printed or typed name of sig	enec
I hereby accept t	the appointment as registered agent an	nd agree to act in	this capac	city. I further agree to	comply with the
provisions of all-	statutes relative to the proper and com f my position as registered agent as pro a change in the registered office addre	iplete performant ovided for in Cha	ce of my di	uties, and I am familian F.S. Or if this docum	r with and accept
to merely reflect	a change in the registered office addre	ess, I hereby conf	irm that th	ne limited liability com	pany has been
no(ified in writin	угој тиз спанце.				

Division of Cornerations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent