Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000159013 3)))



H190801590133ABC\$:

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000036 Phone : (916)576-7000

Fax Number : (800) 603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Y1305@ Faraste. Eum

LLC REGISTERED AGENT CHANGE SNAPPY KRAKEN LLC

والمساور والمساول والمساول والمساور والمساور	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



70107 TE FT 1:57

......

H19000159013 3

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: SNAPPY KRA	KEN LLC	
2. (a)		_ (b)	
`,	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)
	11 BALTIMORE LANE		
	PALM COAST, FL 32137		
	06/23/2016	L160	000120746
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.		
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept	of State:
	5237 SUMMERLIN COMMONS BLVD STE	400	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	
	FORT MYERS, FL_	33907	
(b)	ROCKET LAWYER CORPORATE SERVICE	ESLLC	TETRAL TO HAY
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	Y 15
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		्र _{ाष} ५
	NEW Registered Office Address:		
			~~
	TALLAHASSEE FL	32301	•
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaped authorized by an affirmative vote of the members of incles of organization or the operating agreement of the	vs of the State the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ing Shill	JESSICA	SCHOLL, AUTHORIZED REPRESENTATIVE
~	ature of a methiber or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agricons 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 had in writing of this change.	ee to act in the performance of for in Chap hereby confir	ris capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been

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

H190001590133