

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>) #</del> )		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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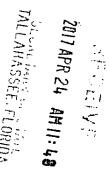
Office Use Only



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D. SCOTT APR 2 6 2017

## **COVER LETTER**

TO:	Registratión Sectión Division of Corporations				
OI ID	DOT 3D	EXPOSING LLC			
SUBJ	SUBJECT:Name of Limited Liability Company				
Dear s	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:			
	ELVIS LEBREAULT				
	Name of Person				
	3DEXPOSING LLC				
•	Firm/Company				
	301 SW 86TH AVE APT 10	<b>11</b>			
	Address				
	PEMBROKE PINES FL 330	ual report notification)			
	City/State and Zip Code	22 E			
	elvis3drealtor@gmail.com	Man a Company			
	E-mail address: (to be used for future annual	ual report notification)			
For fu	rther information concerning this matter,	please call:			
	ELVIS LEBREAULT	305 988-5057			
	Name of Person	Area Code & Daytime Telephone 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	amount:			
	<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS	8 (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	ume of the limited liability company:		EXPOSING LLC
2. (a)	301 SW 86TH AVE, APT 101	(P) 30.	1 SW 86TH AVE APT 101
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PEMBROKE PINES FL 33025	<del></del>	PEMBROKE PINES FL 33025
	02/08/2017		L16000125589
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BUSINESS FILINGS INCORPORATED		
J. (a)	Registered Agent and Registered Office shown on the record	is of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>
	PLANTATION	, <sub>FL</sub> 33324	
(b)	ELVIS LEBREAULT		
` `	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	
	301 SW 86TH AVE APT 101		SISTER
	NEW Registered Office Address:		FILEU PRINCES
	PEMBROKE PINES	, <sub>FL</sub> 33025	The Part of the Pa
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my estimate as proved agent as proved the property of the pro	agree to act in thi lete performance o vided for in Chapte s, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	re of Registered Agent		