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SECRETARY OF STATE

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JUL () () 2018

COVER LETTER

TO: Registration Section

Division of Corporations						
Multiplied Services, LLC	Multiplied Services, LLC					
SUBJECT: Name of l	CT:Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Hartini Sukim Mora						
Name of Person						
Multiplied Services, LLC						
Firm/Company						
3320 Vineland Road, Suite E						
Address						
Orlando, FL 32811						
City/State and Zip Code						
admin@falconofthenile.com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, please	se call:					
Cleiber Silva	407 808-9988					
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 amo	ount:					
☑ \$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. N	ame of the limited liability company: Multiplied Serv	ices, L	.LC	
2. (a)	3320 Vineland Rd. Suite F. Orlando, El. 3281:	1 (b	, 3320 \	/ineland Rd, Suite E, Orlando, FL 32
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/12/2016	_	 L16000	127777
3.	Date of filing/registration in Florida	4.	·	Document number
5. (a	Cleiber Silva			
J. (u	Registered Agent and Registered Office shown on the records of the 3320 Vineland Road	ne Florida	Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET AD 3320 Vineland Road, Suite E	<u>DDRESS</u>	ī	7.58 7.8
	Orlando , FL	32811		
(b)	Hartini Sukim Mora			NSSET OF THE SECTION
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	iress;	- Fig. 2
	3320 Vineland Road, Suite E			FILED MIG-08 SECRETARY OF STATE ALLAHI. SSEE, FLORIDA
	NEW Registered Office Address:			
	3320 Vineland Road, Suite E			_
	Orlando, FL	32811		_
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regis bility co Tthe lim	stered offi impany, it ited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
,	Michael Mass	Har	tini Suki	im Mora
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to me	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a complete the complete address and the complete address.	re to act perform for in C ereby co	in this co ance of m Chapter 6 onfirm the	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signat	are of Registered Agent			

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