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COVER LETTER

Division of Corporations Laundr LLC		
SUBJECT: Name	of Limited Lia	bility Company
Dear Sir or Madam;		
The enclosed Registered Agent/Registered Office	e Change and fe	ce(s) are submitted for filing.
Please return all correspondence concerning this	matter to the fo	ollowing:
Kyle Lampkin		
Name of Person		
Laundr LLC		
Firm/Company		_
978 SW 2nd st		
Address		_
Gainesville/FL 33180		
City/State and Zip Code		_
kyle@laundr.io		
E-mail address: (to be used for future annua	al report notific	ation)
For further information concerning this matter, p	lease call:	
Kyle Lampkin	786 at (3253183
Name of Person	_ u (Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	mount:	
■ \$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.

Na	une of the limited liability company:				
	978 SW 2nd st Office 108A Gainesville Florida 32601		(b)		
	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)	
				1	
	07/13/2016	_	L160	000131755	
	Date of filing/registration in Florida	4.		Document number	
(a)	LEGALINC CORPORATE SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept.	. of State:	
	5237 SUMMERLIN COMMONSSUITE 400FORT MYE	RS, FL	. 33907		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>SS)</u>	POZO AUG 24 SECRETARY	
	, FI	·		PH PH	
))	Kyle Lampkin				
_	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	D STATE E. FL	
	978 SW 2nd st Office 108A Gainesville Fl 32601				
	NEW Registered Office Address:		•	 	
	, FL				
ge t w we rti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	ered off compar imited I	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
4		K	yle Lam	npkin	
nat	tire of a member or authorized representative of a member			Printed or typed name of signce	
isio hli gre	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change.	ee to a perfor I for in hereby	ct in the mance of Chapte confirm	nis capacity. I further agree to comply with to of my duties, and I am familiar with and accider 605. F.S. Or. if this document is being function the limited liability company has been	

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

Thure of Registered Agent