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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Type Row Aphoust LC  Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	ne following:			
Edgen Reown	<del></del>			
Name of Person				
Firm/Company				
2830 Silver Jake Way				
Address  Address  Address  F1 33544				
City/State and Zip Code  1445 AROUNG LOWN E-mail address: (to be used for future annual report no	tification)			
For further information concerning this matter, please call:				
Name of Person at (B)	3 <u>J6B-0751</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 amount:				
<b>½</b> \$25 Filing Fee □	\$55 Filing Fee & Certified Copy			

## 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.

	une of the limited liability company:	Daylet Adhouset	110
l. Na	une of the limited liability company: 14PF T	11.0101V 17 10 10 10 13 1, 2	17
2. (a)	LOSO SIMERIARE Way	(b) 10 DOX 147.	<u>J</u>
	Principal office address of limited liability company:		nited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE P	OST OFFICE BOX
	WESTEICHONE/ F/3544	WESTED CHANE	11/10/00 JJ
		( )	
	. ,		
	7/18/2016	46000/3470	1
3.	Date of filing/registration in Florida 4	. Document numbe	er
<b>5</b> (a)	Amouds Morgan 2M12 Tax	a binulatin	
5. (a)	Registered Agent and Registered Office shown on the records of the	lorida Dept of State:	
	1 sol 0/ 01 Though 3/1/36	₹	
	Principal Office Addition (AUST DE EL OPUDA STREET ADD	) DECCI	
	Registered Office Address (MUST BE FLORIDA STREET ADD)	12331	
			-3
	, FL		030 LEV
(b)	Edaox KADWA		2
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:	<b>P</b>
			<u>ب</u>
	2630 SINELIKE WAS		: 29
	NEW Registered Office Address:	2	9
	WESER CHADE   FLORIDA 3351/	<u> </u>	
	'		
	, FL, FL		
			g 1.1 . O .1
	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regi		
agent v	vill be identical. Or, in the case of a Florida limited liabilit	ty company, it is hereby confirmed	d that the change(s)
	ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limi		therwise provided in
	Stea In	Fram APSTIAL	
Signa	ture of a member or authorized representative of a member	Printed or typed nam	ne of signee
_	by accept the appointment as registered agent and agree to	,	_
provisi	ons of all statutes relative to the proper and complete perf	ormance of my duties, and I am fa	ımıtıar with ana accept –
to mere	igations of my position as registered agent as provided for Ty reflect a change in the registered office address. I herel	by confirm that the limited liability	y company has been
notified	l'in Yeriting of this liftange.		
Signatu	re of Registered Agent		