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COVER LETTER

Division of Corporations					
SUBJECT: OUTION OUS Let Company, LLC 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 following:				
Denita Sasso (Name of Person					
Outlaw Oyster Co., LLC FirmCompany					
2301 Surf Rd. Address					
Pairacla FL 32346 City/State and Zip Code					
E-mail address: (to be used for future annual report r	otification)				
For further information concerning this matter, please call.	:				
Denity Sassov at (85) 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:					
\$25 Filing Fee	1 \$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.

i. Na	ime of the limited liability company:OuHw	w Oyster	Company, LLC	
2. (a)		(b)	,	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY RE POST OFFICE	
	11 Rock Landing Rd		2301 Surf Rd	
	Panacea, FZ 32346		Panacea, FL 32346	0
	8/3/2016		L16000145515	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Denita Sassor			
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ANNRESS		ó
	Registered Vince Address	NONESSY		まった
	Panacea	32341	9	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		ය. කී
	2301 Surf Rd			
	NEW Registered Office Address:			
		.		
	Panacla, Fi	3234	6	
If the li	imited liability company is not organized under the la	ws of the State	of Florida, it is hereby confirmed	that after
the cha	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	f the registered	l office and the business office of t	he registered
was/wo	ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	of the limited l	liability company or as otherwise p	rovided in
me aru	Deruta Birm		Denita R. Sossor	
Signal	fure of a member or authorized representative of a member		Printed or typed name of signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I time thing of this change.	ree to act in the performance of for in Chapt hereby confirm	is capacity. I further agree to com of my duties, and I am familiar wit. er 605, F.S. Or, if this document i, n that the limited liability company	iply with the h and accept s being filed has been
	Puth Muss re of Registered Agent			