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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	MIND OVER LEGAL MATTE	RLLC	
		Name of Limited I	_iability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please reti	ırn all correspondence concernin	g this matter to the	following:
NICOLE N	И. REID		
	Name of Person		<del></del>
REID LEG	FAL SOLUTIONS, P.A.		
	Firm/Company		_ <del>_</del>
128 Orang	e Ave, Suite 223		
	Address		<del></del>
Daytona B	each, FI, 32114		
	City/State and Zip Co	de	
admin@rei	idlegalsolutions.com		
E-ma	ail address: (to be used for future	annual report noti	fication)
For further	r information concerning this ma	tter, please call:	
NICOLE M	A. REID	321 at (	234-2478
	Name of Person		Area Code & Daytime Telephone Number
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the follow	ving amount:	
	\$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.

(a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	128 Orange Ave, Suite 223			I WALKING HORSE DR NW			
	Daytona Beach, FL 32114		ROME, GA 30165				
	08/17/2016		1	.16000154	<del>-1</del> 686		
	Date of filing/registration in Florida	4.	_		Document number		
(a)	NICOLE REID, ESQ.						
(4)	Registered Agent and Registered Office shown on the record	s of the Flori	da I	Dept. of Stat	ate:		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE.	<u>SS)</u>		_		
	120 EAST 4TH AVENUE, SUITE B-2				20 TA		
	MT DORA	, FL_32757			PIL BALLAHASS		
(b)	REID LEGAL SOLUTIONS, P.A.			Lt.) ***.			
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	ered Office a	dd	ress:			
	REID LEGAL SOLUTIONS, P.A.				PH 1: 00  SF SISIE E.FLORIDA		
	NEW Registered Office Address:	•			—		
	128 Orange Ave, Suite 223				_		
	Daytona Beach	, FL_32114			_		
ingo ent v s/we arti igna	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the following authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complifications of my position as registered agent as proved the complete of the complete of the proper and complete or the proper and c	the registed liability of the limited the limited	rec con mit Hia	l office an apany, it is the desired liability con this cap	ind the business office of the registered is hereby confirmed that the change(s ity company or as otherwise provided ompany.  Le Bayyen Coulombian of signee practive. I further agree to comply with		

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

Signature of Registered Agent