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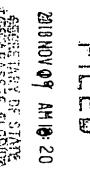
(Requestor's Name)				
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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Fun Toys, LLC					
3544		of Limite	ed 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:						
David Sti	gman					
	Name of Person					
	Firm/Company					
5342 Cla	rk Rd, PMB 3049					
	Address					
Sarasota	, FL 34233					
	City/State and Zip Code					
info@got	untoys.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
David Sti	gman	941 at (444-9932			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di Cl 26	gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
Ø	\$25 Filing Fee	C	\$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	Name of the limited liability company: Fun Toys, LL	.C			
2. (a		(b) David Stigman			
- , (u _j	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)		
		534	2 Clark Rd, PMB 3049		
		Sara	asota, FL 34233		
	09/23/2016	L160	00178376		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)				
J. (C	Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:		
	David Stigman				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1000 Kings Hwy, Unit 221		A.S. B		
	Port Charlotte . FL	33980	ZIBNOVO9		
(h			Movos		
(0					
	David Stigman		AND 20		
	NEW Registered Office Address:				
5342 Clark Rd, PMB 3049					
	Sarasota	34233			
the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members licles of organization or the operating agreement of the	f the registered iability compan of the limited li e limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in cy company.		
	und Slegman MMBR	David St			
	nature of a member or authorized representative of a member	4 41.:	Printed or typed name of signee		
provi the or to ma	weby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this allowing.	ree to act in this performance of the performance o	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been		
	ture of Registered Agent				

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