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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Marisa Liberti Designs, LLC	;				
Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	rice Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the following:			
Maris	a Liberti					
	Name of Person		 -			
Maris	a Liberti Designs, LLC					
	Firm/Company			Tarak Amarik		
166 C	roop Lane SE			SECIVE PE		
	Address	···		HASS		
Port C	Charlotte/Florida 33952			FOR THE		
	City/State and Zip Code		 	CORIDI-		
maris	a.liberti@yahoo.com			WAS F		
E	-mail address: (to be used for future and	iual report n	otification)			
For fur	ther information concerning this matter	, please call:				
Marisa	a Liberti	941 at (284 7002			
	Name of Person	··· (<u>-</u>	Area Code & Daytime Telep	hone 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	g amount:				
	■ \$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.

Mansa Liber Liability company:	rti Designs, LLC
ne SE, Port Charlotte, FL 339	166 Croop Lane SE, Port Charlotte, FL 33
fice address of limited liability company: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
filing/registration in Florida	L16000183561 4. Document number
MOSELY, US CORP. AGENTS	
nd Registered Office shown on the records o ING OAK COURT, A Address (MUST BE FLORIDA STREET	•
	33612 LSNS. LLC
Registered Agent and/or NEW Registere	
LANE SE,	
ffice Address:	6: 54 ORIDA
LOTTE F	33952 L
re made, the Florida street address of Or, in the case of a Florida limited I an affirmative vote of the members of of the operating agreement of the	MARISA LIBERTI
uthorized representative of a member	Printed or typed name of signee
s relative to the proper and complete sition as revistered agent as provid	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accep led for in Chapter 605, F.S. Or, if this document is being filea I hereby confirm that the limited liability company has been
ompany is not organized under the lare made, the Florida street address of Or, in the case of a Florida limited I an affirmative vote of the members of of the operating agreement of the authorized representative of a member ointment as registered agent and ages in the proper and complete sition as registered agent as provided in the registered office address, I	aws of the State of Florida, it is hereby of the registered office and the busines. It is hereby confirmed to the limited liability company or as the limited liability company. HARISA LIBERT Printed or typed nating performance of my duties, and I am it led for in Chapter 605, F.S. Or, if this

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