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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Cyberdyne Investments			
Na Na	me of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change	and fee(s) are submitted for filing	g.
Please return all correspondence concerning t	his matter to	the following:	
Henry Caballero			
Name of Person		•••	
Cyberdyne Investments			
Firm/Company			
4755 sw 73rd ave			
Address			SECT SECT
Davie, FL 33314			CRETARY OF STATE
City/State and Zip Code			SEE,
henry@explorefloridahomes.com			F STATE FLOKID
E-mail address: (to be used for future at	mual report i	notification)	高州 9
For further information concerning this matte	r, please call	;	
Henry Caballero	786 at (512-3758	
Name of Person		Area Code & Daytime Tel	ephone 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	ig amount:		
■ \$25 Filing Fee	0	3 \$55 Filing Fee & Certified Co	py

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.

)	me of the limited liability company: Cyberdyne 4755 SW 73rd Ave Davie, FL 33314	(b) 4	755 SW 73rd AVE Davie, FL 33314
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited flability company (Note: M.4Y BE POST OFFICE BOX)
	10/07/2016	L1	6000185874
	Date of filing/registration in Florida	4.	Document number
1)	Henry Caballero		
	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET 4755 SW 73rd AVE	ET ADDRESS)	
	Davie,	FL_33314	
١			₹ % 6
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	
	NEW Registered Office Address;		V 10 PM 12: (ASSEE, FLORE
	ATTAM INEGISICION CALICE AGOLESS:		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
	8201 Peters Road Suite 1000		
		FL 33324	TATE ORIDA
a W	8201 Peters Road Suite 1000	laws of the Sta of the register I liability comp rs of the limited	ate of Florida, it is hereby confirmed that afted office and the business office of the registany, it is hereby confirmed that the change of the liability company or as otherwise provided

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent