116000185874

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		,			

Office Use Only



800292128448

12/19/16--01008--012 **25.00



D. SCOTT DEC 21 2016

COVERALETTER

=1_

TO:

TO: Registration Section Division of Corporations					
SUBJECT: Cyberdyne Investments					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning th	nis matter to the	following:			
Henry Caballero					
Name of Person					
Cyberdyne Investments					
Firm/Company	_	<u> </u>	香 酱 6		
4755 SW 73rd Ave			PILED DEC 19 PM 2: 13 CRETARY OF STATE LANASSEE, FLORIDA		
Address			SSEE LE		
Davie/FL 33314			PST P		
City/State and Zip Code		delaures	ALE IS		
henry@explorefloridahomes.com					
E-mail address: (to be used for future an	nual report notif	lication)			
For further information concerning this matter	, please call:				
Henry Caballero	786	, 512-3758			
Name of Person		Area Code & Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, 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	= \$	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:	ame of the limited liability company: Cyberdyne	Investme	ents	
2. (a)	8201 Peters Road Suite 1000		8201 Pe	eters Road Suite 1000
<i>2.</i> (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plantation, FL 33324		Plantation	on, FL 33324
	10/06/2016		L1600018	35874
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	United States Corporation Agents, INC			
(,	Registered Agent and Registered Office shown on the records	of the Florid	la Dept- of State	-
	Registered Office Address (MUST BE FLORIDA STREE) 8201 Peters Road Suite 1000	_		
	Plantation	_{FL} 33324		
(b)	United States Corporation Agents, INC. Enternance of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	PILED DEC 19 PM REPART OF ST Allassee. Fu		
	NEW Registered Office Address:			OR 2
	13302 Winding Oaks Court Suite A			\mathcal{F}^{**} ω
	Tampa, I	_{FL} 33612		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the	of the reg liability c s of the lir he limited	istered office ompany, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member		my Cacan	Printed or typed name of signee
I here provisi the obi to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change	igree to ac to perforn ded for in I hereby c	et in this cape nance of my Chapter 605 confirm that	acity. I further agree to comply with the
Signatu	re of Registered Agent			