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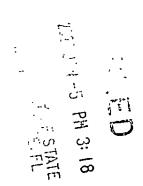
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

Division of Corporations						
Canaveral Kings, LLC SUBJECT:						
Name of Limited 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:					
Harold Joseph Spoerle, III						
Name of Person						
Canaveral Kings, LLC						
Firm/Company						
2642 Cherrywood Lπ						
Address						
Fitusville, FL 32780						
City/State and Zip Code						
oeyspoerle@canaveralkings.com						
E-mail address: (to be used for future annual report n	notification)					
for further information concerning this matter, please call:	:					
Harold Joseph Spoerle, III 321	543-5109					
Name of Person	Area Code & Daytime Telephone Numbe					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

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. Na	ame of the limited liability company: Canaveral Kings	LLC		
2. (a)	403 Pierce Ave.	(b	403 Pierce A	Ave.
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Ma	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cape Canaveral, Ft. 32920		Cape Canave	eral. FL 32920
	October 20, 2016	<u> </u>	L1600019407	1
3.	Date of filing/registration in Florida	4.	Đ	Occument number
5. (a)				
	Registered Agent and Registered Office shown on the records of 403 Pierce Ave.	`the Florida	Dept. of State:	79 79
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	
	403 Pierce Ave.			
	Cape Canaveral	32920		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		1 3: 18 E.FL	
	Harold Joseph Spoerle, III			
	NEW Registered Office Address:			
	2642 Cherrywood Ln			
	Titusville.	32780		
change agent v was/withe arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the attraction of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	e registere ability co of the lim Himited F	d office and mpany, it is he ited liability ability comp is Nelson	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. Printed or typed name of signee ity. I further agree to comply with the