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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Decibels 180 LLC					
Name of Limited Liability Company					
Dear Sir or Madam:	•				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Daniel L Schaps (Attorney for Decibels	180 (4)				
Name of Person					
Decibels 180 LCC					
Firm/Company					
180822 301 Danube Ave # 14					
Address					
StePeter Florance Tampa, FL 33606					
City/State and Zip Code					
dschaps@schapslaw.com					
E-mail address: (to be used for future annual repor	t notification)				
For further information concerning this matter, please ca	all:				
Daniel L Schaps	7862693420				
Name of Person	Area Code & Daytime Telephone 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 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	Name of the limited liability company:	<u> </u>		
2. (a	10756 Winterview Dr.	(b) 107°	56 Winter	in Dr
` .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. /	Mailing address of limite	• •
	Naples, FL 34109 0	a Nan	us, Fc 3c	
	•		3, 0 3	., .,
	( <del>5</del> )	Ø		
	Date of filing/registration in Florida 4	4/60	0019789	9
3.	Date of filing/registration in Florida 4	· 2/5	Document number	
5. (a	mark Royan		_	
	Registered Agent and Registered Office shown on the records of the Fl	orida Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDI		_	
	Registred Office Fladings Property Delivery Deli	<u>,</u>		20
	Naples	4109	_	1 223 6100
		) 1 [ 0 1	-	
(b	Daniel Schaps		_	S .
	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:		<u>=</u> . نو ي
	301 Danube Art # 14	L		54
	NEW Registered Office Address:		_	
			_	
	8 Tampa pr 300	33laDh		
	, FL		-	
the cl agent was/v	limited liability company is not organized under the laws of hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the rticles of organization or the operating agreement of the limit	registered offic ty company, it i c limited liabilit ted liability cor	e and the business of is hereby confirmed ty company or as oth mpany.	ffice of the registered that the change(s) nerwise provided in
Sign	nature of a member or authorized representative of a member	1 Juniles	C. Schans Printed or typed name	of signee
provi the oil to me	reby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perf bligations of my position as registered agent as provided for crely reflect a change in the registered office address. I here ted in writing of this change.	o act in this can	pacity. I further agre	ee to comply with the

Signature of Registered Agent