## 1/6000204589

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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	TINY HOMES ON WHEELS BY ENTERPRISE L.L.C.						
0000	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Off	fice Change and fe	ee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
Proce	essing						
	Name of Person		-				
Corp	orate Capital Inc.						
	Firm/Company		-				
2905	Lake East Dr Ste 150						
	Address		-				
Las \	/egas NV 89117						
	City/State and Zip Code		-				
proce	essing@corporatecapitalinc.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Proce	essing	702	623-2500				
	Name of Person		Area Code & Daytime Telephone Number				
	Registration SectionRegDivision of CorporationsDiviClifton BuildingP.O.		LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314				
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	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.

l. Na	ame of the limited liability company: TINY HON	TINY HOMES ON WHEELS BY ENTERPRISE L.L.C.			
2. (a)	16204 NORTHWEST 92ND TERRACE	(	<sub>b)</sub> 16204 N	IORTHWEST 92ND TERRACE	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	ALACHUA, FL 32615		ALACHU	JA. FL 32615	
	11/08/2016		L1600020	)4589	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)	SPIEGEL & UTRERA, P.A.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1840 SW 22ND ST.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  4TH FLOOR				
	MIAMI	<sub>. FL</sub> 33145	j -	23.50 20.5	
(b)	Northwest Registered Agent LLC.			20 CD	
` .	Enter name of NEW Registered Agent and/or NEW Registered Office address:			7:	
	030 N. Rocky Point Dr.			. <b>03</b> 	
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	Ste 150A				
	Tampa	, FL_33607	,		
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	is of the reg ed liability c ers of the lir	istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	ower these	Do	nna Thom	as	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	

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, if 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