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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

Y SULKER

SEP 22 2020

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LLC REGISTERED AGENT CHANGE SHUTTLEFINDER.NET, LLC

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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	same of the limited liability company: Shuttlefinder.ni	et, LLC			
2. (a)	10520 MARINO POINTE	-	ъ) 10520 (MARINO POINTE	
z. (a)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)			Maring address of limited hability company (Note: MAY BE POST OFFICE BOX)	
	#501		#501		
	Miromar Lakes, FL 33913		Miromar	Lakes FL 33913	
	11/18/2016		L160002	12066	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	PICCOLO, GUY			_	
J. (a)	Registered Agent and Registered Office shown on the records of 10520 MARINO POINTE	atc			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) #501			- -	
	Miromar Lakes, FL_		3	_	
(b	Corporation Service Company	<u></u>			
("	Enter name of NEW Registered Agent and/or NEW Registere	三 三			
	Corporation Service Company				
	NEW Registered Office Address.			•	
	1201 Hays Street	_			
	Tallahassee, FL_32301				
chan agen	e limited liability company is not organized under the la ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	ws of the register in the contraction of the leading to the leadin	ne State of le cred office a company, i imited liabi	t is hereby confirmed that the change(s) lity company or as otherwise provided in	
	Martin Jones_			es	
Sig	nature 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.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

manda E Jole