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TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
Deedy LLC SUBJECT:					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to the	: following:			
James Karins					
Name of Person					
Deedy LLC		(n)			
Firm/Company		— TALE			
2200 E. Irlo Bronson Memorial HWY Suite 202					
Address					
Kissimmee, FL 34744					
City/State and Zip Code					
linda.karins@decdysolutions.com					
E-mail address: (to be used for future ann	ual report noti	fication)			
For further information concerning this matter,	please call:				
Linda Karins	321 at (262 2702			
Name of Person	" \	Area Code & Daytime Telephone Number			
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.

L. N	ame of the limited liability company: Deedy LLC		
2. (a)	2200 E. Irlo Bronson Memorial Hwy Kissimmee il 34744	(b) ²	2200 E. Irlo Bronson Memorial Hwy Kissimmee FL 34
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2200 E. Irlo Bronson Memorial Hwy Ste. 202	22	2200 E. Irlo Bronson Memorial Hwy Suite 202
	Kissimmee FL 34744	К 	Kissimmee, FL 34744
	12/02/2016	LIC	16000218528
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	James P. Karins		
J. (a)	Registered Agent and Registered Office shown on the records of t	the Florida De	Dept. of State:
	James P. Karins		5 2 0
	Registered Office Address (MUST BE FLORIDA STREET -		
	2200 E. Irlo Bronson Memorial Hwy Suite 202		
	Kissimmee, FL	34744	
(b)	Linda S. Karins		
()	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	ess:
	Linda S. Karins		
	NEW Registered Office Address:		
	2345 Volunteer Ave.		
	Kissimmee FL	34744	
changagent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered on ability comp of the limited limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. P. Karins
_	autre of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ce to act in performanc d for in Cha iereby confi	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signati	ure of Registered Agent		
	V		