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. COVER LETTER

TO: Registration Section

SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTOPHER BOHN Name of Person DBA: THE BOOTY PRO Firm/Company 299 WEST CAMINO GARDENDS BLVD SUITE 103B Address BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taltahassec, Plorida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee SSS Filing Fee SSS Filing Fee Certified Copy INMSI 8 (2/14)	Division of Corporations			
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: CHRISTOPHER BOHN Name of Person DBA: THE BOOTY PRO Firm/Company 299 WEST CAMINO GARDENDS BLVD SUITE 103B Address BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 28 \$25 Filing Fee \$55 Filing Fee & Certified Copy	SUBJECT: BOOTYMAKER, LLC			
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Please return all correspondence concerning this matter to the following: CHRISTOPHER BOHN Name of Person DBA: THE BOOTY PRO Firmt/Company 299 WEST CAMINO GARDENDS BLVD SUITE 103B Address BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S255 Filing Fee CHRISTOPHER BOHN STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Dear Sir or Madam:			
CHRISTOPHER BOHN Name of Person DBA: THE BOOTY PRO Firm/Company 299 WEST CAMINO GARDENDS BLVD SUITE 103B Address BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN Name of Person Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: B \$25 Filing Fee CHRISTOPHER BOHN 2954 993-0600 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) a	are submitted for filing.
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299 WEST CAMINO GARDENDS BLVD SUITE 103B Address BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN 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 Enclosed is a check for the following amount: S255 Filing Fee S555 Filing Fee S555 Filing Fee & Certified Copy	DBA: THE BOOTY PRO			
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BOCA RATON, FL 33432 City/State and Zip Code THEBOOTYPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER BOHN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Concerning this matter, please call: MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: SSS Filling Fee Certified Copy	299 WEST CAMINO GARDENDS BLV	/D SUITE 1	03B	
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Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	CHRISTOPHER BOHN	954	[′] 99:	 3-0600
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2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				
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	INHS18 (2/14)			1

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	me of the limited liability company:	ŒŖ	t, LLC
	DBA: THE BOOTY PRO	 (t	DBA: THE BOOTY PRO
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	299 W. Camino Gardends Blvd., Ste. 103B		299 W. Camino Gardens Blvd., Ste (103B)
	Boca Raton, FI 33432	;	Boca Raton, FI 33432
	12/29/2016		L16000233846
3. 5. (a)	Date of filing/registration in Florida 4 FANO, DARREN	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records of the F THEBOOTYMAKER, LLC	lorid	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADD 299 W. CAMINO GARDENS BOULEVARD, ST		T >
	Boca Raton, FL 334	432	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	ce ad	Adress:
	NEW Registered Office Address:		>
the cha agent w was/wo the arti	imited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	regi itv co e lin	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
Signat	ure of a member or authorized representative of a member	_	Printed or typed name of signee
l herel provisi the obl to mere	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perj igations of my position as registered agent as provided for the reflect a change in the registered office address. I here I in writing of this change.	o aci form r in (rby c	t in this capacity. I further agree to comply with the

Signature of Registered Agent