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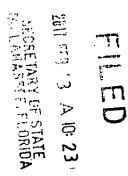
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COVER LETTER

TO: Registration Section Division of Corporations					
PMKT Referrals , LLC SUBJECT:					
	Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this man	atter to the following:				
Heith D Mohler					
Name of Person					
PMKT Referrals , LLC					
Firm/Company					
3880 S Washington Ave #238					
Address					
Titusville, FI 32780					
City/State and Zip Code					
info@propertymarketersllc.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
Heith D Mohler	321 607-6836 x 101				
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.	Na	me of the limited liability company: PMKT Referral	S , Li		; ———	
2.	(a)		_ ((b)		
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	. ,	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3880 S Washington Ave #238			3880 S W	ashington Ave #238
		Titusville , Fl 32780	-		Titusville	, Fl 32780
			-		-	
		01/12/2017		L	_17000009	9619
3.5.	(a)	Page of filing/registration in Florida Repert MARKETERS, LIL	4.		I	Document number
٠.	(,	Registered Agent and Registered Office shown on the records of the	Floric	da l	Dept. of State:	
		Same as above				
		Registered Office Address (MUST BE FLORIDA STREET AL	DRES	<u>(22</u>		
		Same as above				
		, FL			·	
	(b)					
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		Heide D Maklan				DE 23
		Heith D Mohler				P -
		NEW Registered Office Address:				
		Same as above				
		, FL				,
the age wa the	cha ent v s/we arti	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and firmative vote of the members of cles of organization of the derating agreement of the liability of the organization of the liability of the liability of the organization of the liability of the	he reg ility o the li	gist cor mi l li	tered office mpany, it is ited liability ability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	_	ture of a member or authorized representative of a member				
		by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change	e to ac erfori for in ereby	ct . ma co	in this capa ince of my d hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been