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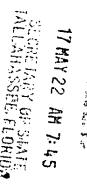
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations							
SUBJECT: The Karma Castle, LLC	The Karma Castle, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered C	Office Change and fee	e(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the fol	lowing:					
Carl Seaver							
Name of Person							
The Karma Castle, LLC							
Firm/Company							
PO Box 730814							
Address							
Ormond Beach, FL 32173							
City/State and Zip Code	2						
carl@carlseaver.com							
E-mail address: (to be used for future a	innual report notifica	tion)					
For further information concerning this matt	er, please call:						
Carl Seaver	386	233-3444					
Name of Person		Area Code & Daytime Telephone Numbe					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the followi	ng amount:						
■ \$25 Filing Fee	□ \$55 I	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.

ì.	Na	me of the limited liability company: The Karma	a Castle,	, L	LC			
	( <del></del> ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	:	(~.	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1452 US Hwy 1, Suite 102			PO Box	730814		
		Ormond Beach, FL 32174			Ormond	Beach, FL 32173		
		1/23/2017		١	L1700001	6927		
3.		Date of filing/registration in Florida	4.	-		Document number		
5.	(a)							
٥.	( <b>u</b> )	Registered Agent and Registered Office shown on the record	ls of the Flor	ida	Dept. of State	: ::		
		Registered Agents, Inc.				To co		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				1			
		3030 N Rocky Point Dr., Ste 150A						
		Tampa	, <sub>FL</sub> 3360	7		MAY22 CINETARY ANHASSET		
			-					
	(b)	Enter name of NEW Registered Agent and/or NEW Regist			<del>, , , , ,</del>			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office	add	<u>lress</u> :	<b>5</b>		
		Elan Kaney, Esq.						
		NEW Registered Office Address:						
		6 Broadwater Dr.	<del></del>					
		Ormond Beach	, <sub>FL</sub> 3217	4				
the age	channt was/we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberles of organization or the operating agreement of	ss of the re ed liability ers of the l	gis co im	tered office mpany, it is ited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
		and leaves	С	arl	Seaver			
	_	ure of a member or authorized representative of a member				Printed or typed name of signee		
I h pro the to i not	ereb visio obli nere ifiea	by accept the appointment as registered agent and comp ons of all statutes relative to the proper and comp gations of my position as registered agent as provily reflect a change in the registered office address in writing of this change.	l agree to d lete perfor vided for it s, I hereby	act ma n C	in this cape ance of my c hapter 605 onfirm that i	acity. I further agree to comply with the Juties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
Sig	natur	e of Registered Agent						
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314								

**FILING FEE: \$25.00** 

INHS18 (2/14)