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18 MAR -7 PM 1: 45 SECRETARY OF STATE ALL ANASSEE, FLORID

S. WARREN MAR 0 8 2018

COVER LETTER

Division of Corporations				
SUBJECT: MY GADGETS, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
PEDRO J EID				
Name of Person				
- h-t				
Firm/Company				
20379 W COUNTRY CLUB DR APT 937				
Address				
AVENTURA, FL 33180				
City/State and Zip Code	 -			
pedrojose_eid@hotmail.com				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
PEDRO J EID	7134621			
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 amoun	nt:			
☑ \$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.

2. (a)	20379 W COUNTRY CLUB DR APT 937	(b)	20379 W COUNTRY CLUB DR APT 937
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (3)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	02/09/2017 Date of filing/registration in Florida	- - L - 4.	_17000032329
	UNITED STATES CORPORATION AGENTS,	INC.	
5. (a)	Registered Agent and Registered Office shown on the records of the		Dept. of State:
	13302 WINDING OAK COURT A		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	
	TAMPA , FL	3612	ASSET LE
(b)	PEDRO J EID		OF STATE FLORID
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice addi	ress:
•	20379 W COUNTRY CLUB DR APT 937		
	NEW Registered Office Address:		
	AVENTURA FI 3	3180	
the char agent was/we the arti-	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	of the S ie regist ility con the limit mited lia	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Signat	rure of a member or authorized representative of a member	PED	Printed or typed name of signee
I herel provision the oblit to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point igations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	e to act i erforma for in Cl reby cor	in this canacity. I further garee to comply with the