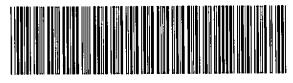
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: HNR GYWORKS LCC 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:						
Hillary Dube Name of Person						
TINR Europany  Firm/Company						
3238 S FLORIDA ANG-Address						
Invelness F2 34450 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
HIMRY DOBE at 180, 517-9807  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	S55 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.

I. Na	me of the limited liability company:HNR_	GUNU	walls ul	
2. (a)	HNR Conworkslice	(b)	5000	
(,	Principal office address of limited hability company.	· <u> </u>	Mailing address of limited lial (Note: MAYBE POST OF	
	3238 S FLUZIDA ANG		SAML	<u> </u>
			<u> </u>	
	INVEINED FL 34450			
	Feb 17 2017		L17000038	267
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGAL INC CURVAK Seru	rices 11	VC	
. (	Registered Agent and Registered Office shown on the records of t	he Florida Dep	or, of State:	
	5237 Sunmer LIN Comm	JUNS SU	1) r C 400	18 SE SE
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		TE SE
	for majers			D P P
	. FL	3390	7	70 77 70
				PH 3
(b)	Hillary Dobe			
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office addres	Σ:	<b>••</b> 35
	HNR GUNWORKS LCC			
	NEW Registered Office Address:		<del></del>	
	3238 S FLOZIBA ALF			
	<u>Inverness</u> .F.	3445		
the cha agent v was/wo	mited liability company is not organized under the law nge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of	the register ability comp of the limited	ed office and the business office any, it is hereby confirmed that I liability company or as otherw	e of the registered the change(s)
the arti	cles of organization or the operating agreement of the			
Signa	are of a member or authorized representative of a member		Hillary Du Printed or typed dame of si	gnee
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, 11 (i) writing of this change.	ve to act in performanc d för in Cha	this capacity. I further agree to e of my duties, and I am familio pter 605, F.S. Or, if this docum	o comply with the ir with and accept ient is being filed

Signature of Registered Agent