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COVER LETTER :

	istration Section ision of Corporations						
SUBJECT:	Chill World LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.					
Please return	n all correspondence concerning this matter to t	he following:					
Danielle Hen	riksen						
	Name of Person						
Sage Internat	ional. Inc.						
	Firm/Company						
1135 Termin	al Way Ste 209						
	Address	 -					
Reno NV 89	502						
	City/State and Zip Code						
danielle@sa _k	geintl.com						
E-mai	address: (to be used for future annual report no	otification)					
For further i	information concerning this matter, please call:						
Danielle Hen	riksen 775 at (786-5515					
	Name of Person	Area Code & Daytime Telephone Number					
Reg Div P.C	iling Address: gistration Section rision of Corporations 9. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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. N	ame of the limited liability company: Chill World LLC							
2. (a)	5180 SW 20th St, Plantation FL 33317			(b) 757 SE 17th St Ste 762, Ft Lauderdale FL 33316				
• • •	Principal office address of limited liability company:		Mailing address of limited liability company:					
	(Note: MUST BE STREET ADDRESS) 848 Brickell Ave. PH5		-845 Brick	(Note: MAY BE)	COL OFFIC	<u> E BUX</u>)		
	Mismi FI 33131							
	AMBIERT D STIST		Minui FL	. 33131				
	March 6, 2017		L17000052	146				
3.	Date of filing/registration in Florida	4.		Document numb	er			
5. (a)	Kwanza C Clay							
	Registered Agent and Registered Office shown on the records of	the Fla	rida Dept. of Stat	te:				
				_	_ <u>\S</u>	20:		
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>		AÇ.	22 F			
	757 SE 17th St Ste 762				> ±:	2022 FEB	<u>u</u>	
	Ft Lauderdale , FI	33316	5		TARY	~		
				_	Y OF		m	
(b)	Business Filings Incorporated			_	î. Su	ë.		
	Buter name of NEW Registered Agent and/or NEW Registered	Office	address:		근걸	<u>-</u>		
					ьij	£		
	NEW Registered Office Address:			-				
	1200 South Pine Island Rd							
				_				
	Plantation , FL	33324						
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regist ability of the l	ered office and company, it is imited liability	d the business offi s hereby confirmed y company or as o	ice of the red d that the c	egistere hange(:	id s)	
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rnered provision the oblination to mere notified	by accept the appointment as registered agent and agricons of all statules relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have live the change of this change.	i jor u iereby	confirm that i	duties, and I am fa i, F.S. Or, if this d the limited liability	ree to com miliar with locument is y company	pty will and a being has be	t the ccept filed en	
Du	on Registered Agent	cui	furst	`				
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00