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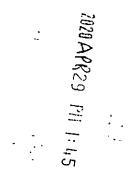
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COVER LETTER

TO: Registration Section **Division of Corporations** Horizon West Moms on the Run LLC SUBJECT: 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: Lisa L Tepe Name of Person Horizon West Moms on the Run LLC Firm/Company 7845 Iceland Gull Street Address Winter Garden, FL 34787 City/State and Zip Code tepe@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa L Tepe 407-271-3389 Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 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.

1. Name of the limited liability company: Horizon West Moms on the Run LLC							
2.	(a)	Horizon West Moms on the Run LLC		(b	Horizon W	est Moms on the Run LLC	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7845 Iceland Gull Street		
		7845 Iceland Gull Street	_				
		Winter Garden, FL 34787	_		Winter Gard	len, FL 34787	
		March 28, 2017			L1700007003	33	
3.		Date of filing/registration in Florida	4.	•		Document number	
5.	(a)	United States Corporation Agents, Inc.					
٠.	(-)	Registered Agent and Registered Office shown on the records of the 13302Winding Oak Court	ne Flor	rida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Α				2020	
		Tampa FI	3612	<u> </u>		2021 APR 29	
		, 1 5			· · · · · · · · · · · · · · · · · · ·	29	
	(b)	Lisa Loreen Tepe				PI	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		
		7845 Iceland Gull Street				÷: 1-5	
		NEW Registered Office Address:					
			•		···-		
		Winter Garden FL	4787	,			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Lisa Loreen Tepe							
Signature of a member or authorized representative of a member						Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.							
Signature of Registered Agent							