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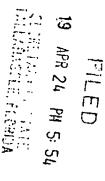
| (Requestor's Name) | |
|-----------------------------------------|------|
| (Address) | |
| | · |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Statu | s |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| SUBJECT: Espi Tracking LLC 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: Seise Espinase Name of Person | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|
| 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: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | | | | |
| Jeise Espinace | | | | |
| Jeise Espinosa | | | | |
| <u> </u> | | | | |
| Name of Person | | | | |
| | | | | |
| Firm/Company | | | | |
| Firm/Company | | | | |
| | | | | |
| 100.17 SW 117 PVE Address | | | | |
| Address | | | | |
| | | | | |
| City/State and Zip Code | | | | |
| • | | | | |
| Jes esp 205 @ hormail. (on E-mail address: (to be used for future annual report notification) | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| matter, piease can. | | | | |
| Sesse Espiraise at (305) 528 - 9616 | | | | |
| Name of Person Area Code & Daytime Telephone | Num | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | |
| Registration Section Registration Section | | | | |
| Division of Corporations Division of Corporations | | | | |
| Clifton Building P.O. Box 6327 | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$\frac{\pi}{2}\$ \$25 Filing Fee | | | | |
| NHS18 (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.

| 1. Na | nme of the limited liability company: Fs15: 72 | ading L | 1 C | | | |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------|
| | 1691) SW 113 AVE | | 105/3 | ر د ا | <i>U</i> 7 | Buri |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0)_ | ited liability company: OST OFFICE BOX) | | | |
| | Micmi, 12 33176 | | Micmi | ;Fi | 33/ | 46 |
| | 04/05/17 | · | | | | 778 |
| 3. | Date of filing/registration in Florida | 4. | | ocumen | t numbo | er |
| 5. (a) | United States (orperation Agent, Fic Registered Agent and Registered Office shown on the records of the | | | | | |
| | | he Florida De _l | pt. of State: | | | |
| | 13300 Winding Ock Court | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREETA | DDRESS) | _ | | | <u>*</u> |
| | A | | | | | TÔ. |
| | Thmpe FL | 33612 | ! | | |) AFR 24 PH 5: 51 |
| (b) | _ Jesse Espinosis | | | | *** | PE |
| , , , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office addres | <u></u> | | | ं प्र |
| | | | | | | <u>်</u> ကို |
| | 10912 SW 112 AVE | | | | | - |
| | NEW Registered Office Address: | | - | | | |
| | 40. | 22.5 | . 62 | | | |
| | Micni FL | 531 9 | <u> </u> | | | |
| agent v was/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the registere bility comp Tthe limited | ed office a eany, it is h I liability c ility compa | nd the beereby company any. | usiness onfirmed or as o | office of the registered d that the change(s) therwise provided in |
| Clause | - (m 1/1) | | <u>~````</u> | c E | مدد بري | c of signee |
| | ure of a member or authorized representative of a member | | | | | |
| the obl. to mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have I'm writing of this change. | re to act in performance for in Chapereby confi. | this capact e of my du pter 605, I rm that the | ity. I fur ties, and F.S. Or, e limited | ther ag Lam fa if this a Tiabilit | ree to comply with the miliar with and accept locument is being filed v company has been |
| Signatur | re of Registered Agent | | | | | |
| ~ | - or registered rights | | | | | |