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(Requestor's Name)						
(Address)						
, ,						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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2018 JAN 18 A II: 12 SECRETARY OF STATE

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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	Teamworks Art, LLC					
SUBJE,		ne of Limite	ed Liability	Company		
Dear Si	r or Madam;					
The enc	: :losed Registered Agent/Registered Off	ice Change	and fee(s) a	re submitted for f	iling.	
Please r	return all correspondence concerning th	is matter to	the following	ig:		
Christo	opher Wallace					
	Name of Person					
Team	works Art, LLC					
	Firm/Company					
1531 F	angborn Station Drive					
	Address					
Decati	ur, GA 30033					
	City/State and Zip Code		<u> </u>			
chrisw	allacetsg@gmail.com					
E-	mail address: (to be used for future ann	ual report i	iotification)			
For furt	her information concerning this matter,	please call	:			
Christo	opher Wallace	404	, 520	0-0815		
	Name of Person	^1 (Area	Code & Daytime	Felephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	amount:	Registratic Division o P.O. Box (f Corporations	SECRETARY OF STATE A	FILED
	\$25 Filing Fee		⊒ \$55 Filing	g 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.

Name of the limited liability company:	ks Art, LLC	
876 Willow Ave.	_(b) 1531 P	angborn Station Drive
Principal office address of limited fiability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Tallahassee, FL 32303	Decatu	r. GA 30033
05/04/2017	L170000	99778
Date of filing/registration in Florida WRIGHT, ALEX	4.	Document number
Registered Agent and Registered Office shown on the record 4246 BLUE MAJOR DRIVE	ete:	
Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	_
WINDERMERE	.FL_34786	_
WALLACE, CHRIS B.		_
Entername of <u>NEW Registered Agent</u> and or <u>NEW Regis</u> 876 Willow Ave.	tered Office address:	
NEW Registered Office Address:		_
Tallahassee	1:1 32303	
e limited liability company is not organized under the change or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite (were authorized by an affirmative vote of the memb articles of organization or the operating agreement of	ss of the registered officed liability company, it ers of the limited liabili f the limited liability co	re and the business office of the register is hereby confirmed that the change(s) ty company orangethers is e provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FHANG FEE: \$25.00

notified in systing of this change.

Signature of Registered Agent