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- (Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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SECRETARY OF STATE
TALLAHASSEE FLORID.

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations								
Retail Amusements 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:								
Reese C Skinner								
Name of Person								
Retail Amusements LLC								
Firm/Company								
23703 Lake Hills Dr								
Address								
Lutz, FL 33559								
City/State and Zip Code								
retailamusementsllc@gmail.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Kevin Kahmeyer, President 813 833-3865								
Name of Person Area Code & Daytime Telephone Number								
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:								
☑ \$25 Filing Fee								
INHS18 (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	me of the limited liability company: Retail Amuse	ment	s L	LC			-
2. (a)	Retail Amusements LLC		(b)	No chan	No change to mailing address		
(-	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	N	Mailing address of limit (Note: MAY BE POS		
		315 Summer Clouds PL						
		Brandon FL 33511	-	-			· · · · · · · · · · · · · · · · · · ·	
		05/30/2017		L	L17000117741			
3.		Date of filing/registration in Florida	4.			Document number		
5. ('a)	Retail Amusements LLC						
~. (μ,	Registered Agent and Registered Office shown on the records of t	he Flor	da [Dept. of State	.		
		Steven Dowd						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•		
		315 Summer Clouds PL					201 S TA	
		Brandon , FL	3351	1		ון אר אר אינר אינר אינר אינר אינר אינר אינ		-
/1	b)	Retail Amusements LLC					LAHASSI	
()	,v į	Enter name of NEW Registered Agent and/or NEW Registered Office address:			.622:		G165 - -71	
		Reese C Skinner					F ST FLO	Ţ
		NEW Registered Office Address:				•	- ROE 31	;
		23703 Lake Hills Dr					<i>P</i>	
		Lutz	3355	9				
the cagen was/ the a	ha t w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the organization or the operating agreement of the	the replication the limited th	giste con imit d lis	ered office npany, it is ed liability	and the business of thereby confirmed y company or as off apany.	office of the registe that the change(s)	red
		ure of a member or authorized representative of a member	_			Printed or typed name	of signec	
prov the c to m	isi bli ere	by accept the appointment as registered agent and agricons 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, I have the change of this change.	ee to a perfor I for ir tereby	nci i mai i Cl cor	n this capa nce of my d iapter 605 ifirm that i	acity. I further agre duties, and I am fan , F.S. Or, if this da the limited liability	ce to comply with t miliar with and acc ocument is being fil company has been	the tept led
Sign	atu	re of Registered Agent						