L17000118407

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SECHE FARY OF STAFF.

K. SALY JUL 25 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ULTRADIOL, LLC				
		of Limited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
MAX	SCHOLL				
	Name of Person	······································			
Ultrad	diol, LLC				
	Firm/Company				
6453	Pondapple Rd.				
	Address				
Boca	Raton, Florida 33433				
	City/State and Zip Code				
msch	oll@ultradiol.com				
Е	-mail address: (to be used for future annua	d report notification)			
For fur	ther information concerning this matter. pl	lease call:			
Max S	Scholl	561-445-{			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following a	mount:			
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18	8 (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: ULTRADIOL,	LLC		
2. (a)	21346 St. Andrews Blvd., #105	(b)	21346 5	St. Andrews Boulevard #105
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, Florida 33433	_	Boca Ra	aton, Florida 33433
	May 30, 2017	_		18407
3.	Date of filing/registration in Florida	 4.		Document number
5. (a)	May 30, 2017			
). (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- 2:
	Registered Office Address 21346 St Andrews Blvd. #105	(DDRESS)		_
	Boca Raton , FL	33433		201
(b)	Max Scholl			FILE 2017 JUL 20 PARTIESS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	SSP DO
	Max Scholl			PH 4: 33 STEELE OPHIL
	NEW Registered Office Address:	- 1 - 1		95 * :
	6453 Pondapple Road			
	Boca Raton, FL_	33433		
the cha agent w was/wo	imited 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 cles of organization or the operating agreement of the	the registability confidence in the limit of the limited in the li	tered office inpany, it is ted liability ability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
æ Signat	ture of a member or authorized representative of a member			Max Scholl Printed or typed name of signee
I herel provisi the obli to mere	by accept the appointment as registered agent and agri- ons 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	ee to act performa I for in C tereby co	in this cape nce of my c hapter 605 nfirm that :	acity. I further agree to comply with the

Signature of Registered Agent