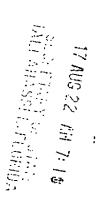
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COVER LETTER

| Division of Corporations | |
|--|---|
| Monty & Associates, LLC SUBJECT: | |
| · · · · · · · · · · · · · · · · · · · | ne of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Linda J Kaechele | |
| Name of Person | . |
| Monty & Associates, LLC | |
| Firm/Company | |
| 20 Harbour Isle Dr W Unit 301 | |
| Address | |
| Fort Pierce, FL 34949 | |
| City/State and Zip Code | |
| LJKaechele@gmail.com | |
| E-mail address: (to be used for future ann | ual report notification) |
| For further information concerning this matter, | please call: |
| Linda J Kaechele | 858 342-9874 |
| 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 | 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

| (a) | me of the limited liability company: Monty & Ass Monty & Associates, LLC | | (b) Monty & Associates, LLC |
|---------------------|---|-----------------------------------|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) |
| | 20 Harbour Isle Dr W Unit 301 | | 20 Harbour Isle Dr W Unit 301 |
| | Fort Pierce, FL 34949 | _ | Fort Pierce, FL 34949 |
| | 6/8/2017 | | L17000125501 |
| | Date of filing/registration in Florida | - 4. | Document number |
| (a) | Linda J Kaechele | | |
| (11) | Registered Agent and Registered Office shown on the records of | the Flori | rida Dept, of State: |
| | Monty & Associates, LLC | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE. | ESSY |
| | 9550 South Ocean Drive Unit 1508 | | |
| | Jensen Beach . FI | 3495 | 57 |
| b) | Linda J Kaechele | | 57 17 AUG 22 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office : | address: |
| | Monty & Associates, LLC | | |
| | NEW Registered Office Address: | | |
| | 20 Harbour Isle Dr W Unit 301 | | |
| | Fort Pierce | 3494 | 19 |
| thai it w 'we | mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the | f the reg ability of the li | egistered office and the business office of the reging company, it is hereby confirmed that the change limited liability company or as otherwise provide |
| | wa Q Kaechle are of a member or authorized representative of a member | | inda J Kaechele |
| | · 🙀 / (+ | | |

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