

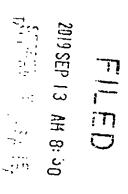
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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT: LK MITCH, LLC		
		e of Limited Liab	ility Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the fol	lowing:
KEVIN	C MITCHELL		
	Name of Person		
LK MIT	CH, LLC		
	Firm/Company		
16368	93RD RD N		
-	Address		
LOXA	HATCHEE, FL, 33470		
	City/State and Zip Code		
Kevin.l	Mitchell@AudioEnhancement.cor	n	
E-1	nail address: (to be used for future annu	ial report notifica	ition)
For furth	ner information concerning this matter, p	please call:	
KEVIN	MITCHELL	561 at (	306-3327
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, 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 Florida.

2. (a)		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16368 93RD RD N		16368 93RD RD N
	LOXAHATCHEE, FL 33470	<del></del>	LOXAHATCHEE, FL 33470
	06/09/2017	L	17000126495
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the record		
	Registered Agent and Registered Office shown on the record UNITED STATES CORPORATION AGE		Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	SET ADDRESS)	<del></del>
	5575 S. SEMORAN BLVD, SUITE 36		
	ORLANDO	, FL_32822	7019 SEP 13
41.5	Enter name of NEW Registered Agent and/or NEW Regist		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	<u>ered Office addr</u>	
(0)			
(0)	KEVIN MITCHELL		ري
(0)	KEVIN MITCHELL  NEW Registered Office Address:		
(0)			3: 30

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

the articles of organization of the operating agreement of the	minted habinty company.
- Maria Chatilace	KEVIN MITCHELL
Signature of a member or authorized representative of a member	Printed or typed name of signee

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