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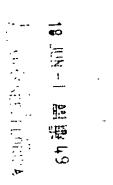
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## **COVER LETTER**

**Division of Corporations** Cosmic Empire LLC SUBJECT: \_ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Stern Name of Person Firm/Company 14543 Crested Plume Dr. Address Winter Garden, FL 34787 City/State and Zip Code michael@visitor-one.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 631 8363300 Michael Stern Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section

## 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	Cosmic Empirement of the limited liability company:	e LLC					
2. (a)	Cosmic Empire LLC	ίh	Cosmic	Empire LLC			
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  14543 Crested Plume Dr.	(0		Mailing address of limite (Note: MAY BE POS Crested Plume D	T OFFIC		:
	Winter Garden, FL 34787	_	Winter (	Garden, FL 34787	7	· <del>-</del>	
	07/25/2017		L170001	59365			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the AGENTS AND CORPORATIONS, INC.	he Florida	Dept. of Stat	e:		- <u>1</u>	
	Registered Office Address	DDRESS	7	_	THE PARTY OF	(EX-1	
•	Naples FL	34012		-	SEE THOM	劉	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Michael Stern		dress:	<del>-</del>	e P	61	
	NEW Registered Office Address: 14543 Crested Plume Dr.			_			
	winter garden , FL	34787					
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of leles of organization or the operating agreement of the	vs of the the reginability co f the limited l	State of Fl stered offic impany, it is sited liability	orida, it is hereby co e and the business o is hereby confirmed by company or as oth npany.	ffice of t that the o terwise p	the regis change(s	stered s)
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agri- ions 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 had in writing of this change.	perform I for in (	ance of my Thapter 60.	pacity. I further agre duties, and I am Jam 5, F.S. Or, if this do	ee to con tiliar wit cument i	th and ac is being	ccept filed