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COVER LETTER

Division of Corporations	
SUBJECT: SPARK 101 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:	
Jarvis Sparts Name of Person	
SPARK 101 LLC Firm/Company	
7854 Canyon Late arche	
Orlando FL 32835 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	\bar{\bar{\bar{\bar{\bar{\bar{\bar{
For further information concerning this matter, please call:	
Jarris Sparks at 407 , 694-8233	
Name of Person Area Code & Daytime Teleph	one 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	

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:SPA	RK	101	LLC		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)_	1	Mailing address of limited liabili (Note: MAY BE POST OFF)	ty com	•
		7854 canyon Lake Cilcle Orlando Fi 32835	_				
		Orlando FC 32835					
		<u>September 15, 2017</u>		<u>_1</u>	7000192130	<u> </u>	
3.		Date of filing/registration in Florida 4.			Document number		
5.	(a)	Registered agent and Registered Office shown on the records of the Flo	orida De	nc,	- e:		
		5237 Summer in Common S Registered Office Address (MUST BE FLORIDA STREET ADDR			-		
		Suite 400		<u> </u>	_		
		Fort Myers FL 3	39	07	-		•
	(b)	Fort myers .FL =				7.5	4
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office			<u>.</u>		-1
						تو	4.14.7
		7854 canyon Lake circle			_	~ ?	
		NEW Registered Office Address:				ڊ-:	() () 1 () −(
		Orlando			-	427 448	
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the age wa the	cha ent w s/we arti	imited liability company is not organized under the laws of nge or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit when the appointment as registered agent and agree to consofall statutes relative to the proper and complete performance of my position as registered agent as provided for the reflect a change in the registered office address. I hereby	egister y comp limite ed liab	red office pany, it is d liability oility con	e and the business office of shereby confirmed that the y company or as otherwise apany. Printed or typed name of signal acity: I further garge to confirm the confirmation of the confir	f the ree chan	egistered ge(s) ded in
	ijied	Ity reflect a change in the registered office address. I hereblin writing of this change. Jam's Sparks The of Registered Agent	y conf	irm that	the limited liability compa	my has	s been