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COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: 2 Plane of Line	auth UC. mited Liability Company			
Name of Life	inited Diabinty Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
Takashi Wenuru Name of Person	<u>^\</u>			
2 & U Hearth LL Firm/Company	<u>C · </u>			
1328 Maximilian Address	<u>Dr.</u>			
City/State and Zip Code	FC. 33543.			
E-mail address: (to be used for future annual repo	Ohot Mai (. Com.			
For further information concerning this matter, please	call:			
Talcaghi Wellund at (67) 8/590/2 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			

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.

i. Na	ame of the limited liability company: \mathbb{ZR}	1 Heart	h 40	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>i315</u>	STORY Light = Mailing address of limited (Note: MAY BE POS)	
	We sley chapel. FL: 33543	We	roll chapel	· FL: 34543
3.	Date of filing/registration in Florida	4.	Document number	<u>, 6</u>
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of Sta	_ te:	
	Registered Office Address MUST RE FLORIDA STREET AND	St. DDRESSI	- A	19 0CT -
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	·	: .	ED # 25
	12>8 Maximilian Dr. NEW Registered Office Address: Wegley Chapter.		_	
		116.3	_	
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabere.	the registered offic bility company, it the limited liabilit imited liability cor	e and the business off is hereby confirmed the ty company or as othe	fice of the registered nat the change(s) rwise provided in
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he if in writing of this change.	e to act in this can	vacity I further garee	to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent