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LLAHASSEE, FLORIN,

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MSS Store Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
J. Nicholas Moon	
MSS Stare 1, LLC Firm/Company	
865 Palm Bay Rd Address	
West Melbourne, FC 32 City/State and Zip Code	904
Nick @ melbourne seafor E-mail address: (to be used for future annual	adStation. Com
For further information concerning this matter, p	lease call:
Nick Moon	at (813) 390-2949
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 a	mount:
□ \$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.

Na	me of the limited liability company: MSS Sforc 1, LLC
(a)	(b)
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	865 Palm Buy Rd #100 865 Palm Bay Rd #1
	West Melbourne, FL32904 West Melbourne, FL32904
	10 27 17 L17000723675 Date of filing/registration in Florida 4. Document number
	Date of filing/registration in Florida 4. Document number
(a)	B+C Corporate Services of Cantral Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	390 N Orange Ave Ste 1400 Registered Office Address AIUST BE FLORIDA STREET ADDRESSI Orlando , FL
	Wlando FL
	FI. 32901
(b)	Orlando, FL FI. 32901 T. Nicholas Moon SSEE FLORIDA SS
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	865 Palm Bay Rd
	NEW Registered Office Address
	Unit 100
	West Melbourne FL 32904
cha ent w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
/gnor	T. Nicholas Main tire of a member or authorized representative of a member Printed or typed name of signee
	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Pa	TOTAL MITTER OF THE PROPERTY O
<u>znotur</u>	e of Registered Agent
/	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314