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SECRETARY OF STATE PALLAHASSEE, FLORID

APPROVED FILED

1. Co. anola

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. N	ame of the limited liability company:	Hello	Creative LLC		
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 928 26TH STREET NORTH		
	928 26TH STREET NORTH	<u> </u>			
	ST. PETERSBURG, FL 33713	 -	ST. PETERS	SBURG, FL 33713	
	11/20/2017		I.1:	7000239635	
3.	Date of filing/registration in Florida	4.	Documen		
5. (a)	Registered Agent and Registered Office shown on the records of				
			ot, of State;		
	LEGALINC CORPORATE SERVICES	·		~	
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	DDRESS)		
	5237 SUMMERLIN COMMONS SUITE 4	100		CRE FEE	
	FORT MYERS , F	L33907		2019 FEB 25 SECRETARY FALL AHASSI	
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	<u></u>	PM 10: 12 OF STATE E, FT OFFI	
				7 7	
	Rocket Lawyer Corporate Servic	es LLC			
	NEW Registered Office Address:				
	155 OFFICE PLAZA DRIVE, 1ST FI	LOOR			
	Tallahassee , FI	32301			
					
the cha agent was/we the arti-	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registere iability compared the limited liabi	ed office and the brany, it is hereby collished the liability company lity company. Sica Scholl Printed or ty	usiness office of the registered on firmed that the change(s) or as otherwise provided in speed name of signee	
\(\frac{1}{2}\)	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I him writing of this change.	ree to act in to performance ad for in Chap hereby confir	his capacity. I fur e of my duties, and oter 605, F.S. Or, m that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been	

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