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COVER LETTER

TO:	Registration Section Division of Corporations				
SURI	FCT: Wonde	rkid, LLC			
O O D J	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The cr	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
	James Sinns				
	Name of Person				
	Wonderkid, LLC				
	Firm/Company				
	1437 Oak Pl Unit	C			
	Address				
	Apopka, FL 3271	2			
	City/State and Zip Code				
	jimmy@wonderkid.o	rg			
	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
	James Simms	at (407) 412 - 2050			
	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 amount:					
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHST	8 (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.

Florida			
L. Na	me of the limited liability company: Wonder	rkid, LL	<u></u>
2. (a)	1437 Oak, Place	(b)	1437 Oak Place
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Apt C.		Apt C.
	Aproka, FL, 32712		Apropha, FL 32712
	Dec 11th 2017		L17000252655
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Agents Registered Agent and Registered Office shown on the records of the	INC	
			of State:
	Registered Office Address (MUST BE FLORIDA STREET A		
	Registered Office Address [MOST BE PLORIDA STREET A	<u></u>	
	Orlando .FL	32822	2019 SEC FALL
			<u>≥</u> ≈ □
(b)	James Simms (agent) Enter name of NEW Registered Agent and/or NEW Registered	Offica address:	— SSE
	1437 Oak Pl	Control address.	EC 12 AM 9: 45 ELARY OF STATE HASSEEL FLORIDA
	NEW Registered Office Address:	• •	— D
	Apt. C		
	Apt. C Apopka	3271	2
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	rs of the State the registered bility compan f the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signat	fire of a member or authorized representative of a member		James Simms Printed or typed name of signee
	by accept the appointment as registered agent and agree on so of all statutes relative to the proper and complete protections of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change?	ee to act in thi performance of I for in Chapte ereby confirm	

Signature of Registered Agent