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COVER LETTER

Division of Corporations								
SUBJECT: Proposition by Symplectic 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:								
Detath Sylherland Name of Person								
Properties by Sutherland Firm/Company								
Address								
For Landerdale, FL 33309 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
DUYAN SUMMULAND at (954) 547-24059 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 & 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.

1.	Nai	me of the limited liability company:	Prope	ctill	bly	Sitherla	eno	<u>l</u>	
2. (a) _	Principal office address of limited liability (Note: MUST BE STREET ADDR.	company:	(b)		O NW 3 ailing address of lit (Note: MAY BE F	nited lial		pany:
		Fort Lauderda	le		F	at Lau	terd	all	
		FC, 33309		. <u> </u>		FL,3330	9		
3.		Date of filing/registration in Flor)([%	4.	11	SUDWO9 Document numb	' <u>W</u> o		
5.		Registered Agent and Registered Office shown on	2000 UNHO	ST ST	of State:	corpora	rion	052	vs,inc
		Registered Office Address (MUST BE FLORI	n cour	t					
5	HIVE	e A			 				
		Taupa	<u>,</u> , FL_	334	012)]=,	~ a	
((b) .	Enter name of NEW Registered Agent and/or NE		ffice addres	<u>ss</u> :		LLAHAS	018 MAR I	APP-GLT-LEE
		6720 NW 34 Men	ul				RY OF SEE, FI	4 AM	
		NEW Registered Office Address:					STATE LORIDA	111: 05	(
		FOA Lauderdole	, FL_	3331	Y				
the age: was	chai nt w :/we	mited liability company is not organized ange or changes are made, the Florida street ill be identical. Or, in the case of a Florite authorized by an affirmative vote of the cles of organization or the operating agree	et address of the da limited liab e members of t	ne register ility comp the limited	ed office a pany, it is I d liability	and the busines hereby confirm company or as	s office ed that	of the t	registered nge(s)
Si	gnat	ure of a member of authorized representative of a m	nember	_De	brah	Printed or typed na	lar(me of sig	gnee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent