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| Special Instructions to F | iling Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| DEN TILE LLC SUBJECT: | | | | | |
| 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: | | | | | |
| | | | | | |
| DENYS KYRYLIUK | | | | | |
| Name of Person | | | | | |
| DEN TILE LLC | | | | | |
| Firm/Company | | | | | |
| 105 FIVE ISLAND BLVD UNIT 101 | | | | | |
| Address | | | | | |
| PCB FL 32407 | | | | | |
| City/State and Zip Code | | | | | |
| TUZHIK@LIVE.COM | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| DENYS KYRYLIUK 850 708 4064 | | | | | |
| 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 | | | | | |
| 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. Na | ame of the limited liability company: | C | | |
|--|--|--|--|--|
| 2. (a) | 8700 FRNT BEACH ROAD UNIT 7215 | (b | (b) 8700 FRNT BEACH ROAD UNIT 7215 | |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| | Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | PCB FLORIDA 32407 | | PCB FLC | DRIDA 32407 |
| | 01/16/2018 | | L1800001 | 3982 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | DENYS KYRYLIUK | | | |
| J. (L) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : |
| | Registered Office Address (MUST BE FLORIDA STREET A 8700 FRNT BEACH ROAD UNIT 7215 | ADDRESS | <u> </u> | \$. \$. |
| | PANAMA CITY BEACH, FL | 32407 | | 18 FE |
| (b) | | | | ASSER THE TOTAL PROPERTY OF THE PROPERTY OF TH |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ad | <u>dress</u> : | FLORA C |
| | NEW Registered Office Address: | | | 9 |
| | 105 FIVE ISLAND BLVD UNIT 101 | | | |
| | PCB FLORIDA | 32407 | | |
| the cha agent v was/we the arti | imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited hiere authorized by maffirmative vote of the members of icles of organization or the operating agreement of the | the regiushing the theorem of the limited in the li | stered office ompany, it is nited liability | and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisi the obl to mere | by accept the appointment as registered agent and agr ions of all statutes regitive to the proper and complete ligations of my position as registered agent as provide ely reflect a charge in the registered office address, I i d in writing of this change. | rec to act perform d for in (hereby c | t in this capa ance of my o Chapter 605 onfirm that t | icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been |
| Signatu | re of Registered Agent | | | |