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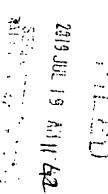
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	THY PATH LLC JECT:							
500	Name of Limited Liability Company							
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	is matter to the	following:					
FER	NANDEZ FREIRE, MARIA							
	Name of Person							
THY	PATH LLC							
-	Firm/Company							
101	BRINY AVENUE . APT 711							
-	Address		<u> </u>					
POM	1PANO BEACH (FL) . 33062							
	City/State and Zip Code	-						
mari	taffff@hotmail.com							
	E-mail address: (to be used for future ann	iual report noti	fication)					
For fu	urther information concerning this matter,	, please call:						
FER	NANDEZ FREIRE, MARIA	904 at (380-1978					
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314					
	Enclosed is a check for the following	; amount:						
	☑ \$25 Filing Fee	u \$	55 Filing Fee & Certified Copy					
INHS	18 (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.

l. Na	ame of the limited liability company: THY PATH LLC	С					
2. (a)	101 BRINY AVENUE		_{b)} 101 BRI	NY AVENUE	<u>.</u>		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE			
	APT 711		APT 711				
	POMPANO BEACH. FLORIDA (33062)	_	POMPA	NO BEACH.	FLORIDA	A (33	062)
	01/22/2018		L1800001	19502			
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document nun	nber		
(4)	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	ie Florid	la Dept, of State	- ::			
	Registered Office Address (MUST BE FLORIDA STREET A) SUITE 400	<u>DDRES</u>	<u>S)</u>	_	4	P. 3	
	FORT MYERS .FL	33907	•		整约	2919 JUL	
(b)	MARIA FERNANDEZ FREIRE Enter name of NEW Registered Agent and/or NEW Registered C 101 BRINY AVENUE	Office as	ddress:		<u>.</u>	19 Milli	
	NEW Registered Office Address:		<u>.</u>	•		* 2	
	APT 711			-			
	POMPANO BEACH FL	33062		-			
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the 1	the reg bility c f the lir limited	istered office company, it is nited liability liability con	e and the busine s hereby confin y company or a	ess office of med that the as otherwise	of the r ie chan	egistered ige(s)
Signa	ture of a member or authorized representative of a member		AND LIN	Printed or typed		¢c	
I here provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform for in ereby c	et in this cape nance of my Chapter 605 confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liah	agree to c n familiar v is documer ility compo	omply with ar it is be any ha	with the ad accept ing filed s been

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

Signature of Registered Agent