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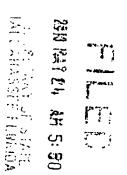
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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J. HARRIS

COVER LETTER

| Division of Corporations | |
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| FOXX BUSINESS SYSTEMS, LL | .C |
| | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matte | er to the following: |
| Matthew A. Foreman, Esq. | |
| Name of Person | |
| Carter, Clendenin & Foreman, PLLC | |
| Firm/Company | |
| 5308 Spring Hill Drive | |
| Address | |
| Spring Hill, FL 34606 | |
| City/State and Zip Code | |
| sh@ccflawfirm.com | |
| E-mail address: (to be used for future annual rep | ort notification) |
| For further information concerning this matter, please | call: |
| Matthew A. Foreman at (| 352 686-6278 |
| 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 amou | nt: |
| ☑ \$25 Filing Fee | ☐ \$55 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.

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