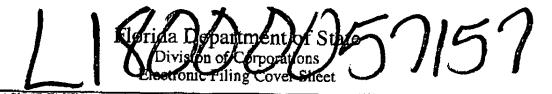
Division of Corporations

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: CORPORATE CREATIONS INTERNATIONAL INC.

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: (561)694-8107

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LLC REGISTERED AGENT CHANGE DAPHNE INNOVATIVE LLC

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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. 1	Name of the limited liability company: Daphne Inno	vative	LLC			
2. (a	341 Penchant Court	· · · · ·	(b):341 Penchant Court			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	,	Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)		
	Kissimmee, FL 34747	-	Kissimm	ee, FL 34747		
	March 7th, 2018		L180000	57157		
3. 5. (a	Date of filing/registration in Florida Jacquin P. Gilchrist, P.A.	4.		Document number		
- , \·	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2525 Ponce de Leon Boulevard, Suite 306					
	Registered Office Address (MUST BE FLORIDA STREET	ADPRES.	S			
	Coral Gables, FI	33134	15.	7.46 6		
(ъ				素で		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	8 B B		
	2525 Ponce de Leon Boulevard, Suite 300	•		المراج فالمراج المراج ا		
	NEW Registered Office Address:			8: 33		
	Coral Gables FL	33134				
the chagent was/v	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Sine	ature of a member or authorized epresentative of a member	Da		sman, Attorney-in-Fact Printed or typed name of signee		
I her provi- the ol- to me notifi	eby accept the appointment as registered agent and actions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. Danielle Gossman: S		t in this cape an 2 of my c Chapter 605 onfirm that t			
Signa	ure of Registered Agent					