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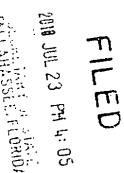
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COVER LETTER

Division of Corporations				
	HEIN WAY LLC me of Limited Liability Company			
. 10	me or chimica maching company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
Name of Person	SENBAUM			
3123 ANTHEN WAY Firm/Company	LLC			
1419 LILYS CAY	C.R. New			
VERO SEACH City/State and Zip Code	FL 3296.7			
E-mail address: (to be used for future an				
For further information concerning this matter, please call:				
13ANDARF ROSENDAR 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	□ \$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

1. Na	me of the limited liability company: 3123 ANTHE	N WAY LL	. C
		1419 LILYS	
1. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of l	limited liability company: POST OFFICE BOX)
	Veno Beach, FL 32967	VERO BEACH	4, FL 32967
			7
	3/8/18	L180000	61075
3.	Date of filing/registration in Florida 4.	Document num	
5. (a)	905 SANDPIPER Lane VEB. De.	ach (2706.	7
_	Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:	,
01:2	905 SANOPINGR LANC		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			72. 2
	VERO Beach 11.3296:	3	
			FIL 23
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	7	
	1419 LILYS CAY CIRCLE		PAL UP DS
	NEW Registered Office Address:		20 S
	^ .		
	Vers Beach ,FL 3296	61	
If the li	mited liability company is not organized under the laws of the State	a of Blarida, it is barab	w confirmed that after
the cha	nge or changes are made, the Florida street address of the registered	d office and the busine	ss office of the registered
was/wc	vill be identical. Or, in the case of a Florida limited liability compa- ere authorized by an affirmative vote of the members of the limited	liability company or as	ned that the change(s) s otherwise provided in
	eles of organization or the operating agreement of the limited liabil	lity company.	0
Signat	ure of a member or authorized representative of a member	Printed or typed r	ROSENBAUN name of signee
Lhavat	by account the approintment as registered agent and agree to act in the	his canacity: I further	garge to comply with the
provisi the obl	ons of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chapely reflect a change in the registered office address, I hereby confirm	of my duties, ånd I am vier 605, F.S. Or, if thi	i familiar with and accept s document is being filed
to mere notified	lly reflect a change in the registered office address, I hereby confir I in writing of th is change.	m that the limited liab	itity company has been
·	The s/Cosum		

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

Signature of Registered Agent