L18 0000 71406

(Requestor's Name)								
(Requestors Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
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COVER LETTER

	Registration Section Division of Corporations							
SUBJE	RelayPro, LLC							
30 Date		Name of Limited Liability Company						
Dear Sir	or Madam:							
The enc	losed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing					
Please re	eturn all correspondence concerning th	is matter to th	ne following:					
Steve	Drake							
	Name of Person			70				
Relay	Pro, LLC			2019 HAR 25				
	Firm/Company			25 Niss				
20002	Pergola Bend Ln			PA PA				
	Address	· · · · · · · · · · · · · · · · · · ·		3: 42 FIRE 12: 42				
Tampa	a, FL 33647			•				
	City/State and Zip Code							
steve.	drake@relaypro.us							
E-	mail address: (to be used for future and	nual report no	titīcation)					
For furtl	her information concerning this matter	, please call:						
Steve	Drake	337	660-1213					
	Name of Person		Area Code & Daytime Tele	phone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301		1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	y				

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: RelayPro, LLC	<u> </u>				
2	(a)	RelayPro, LLC	(b) RelayPro, LLC				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		1842 Ruth St. Suite 21	_	1842 Ru	ith St. Suite 21		
		Sulphur, LA 70663	Sulphur, LA 70663				
		3/20/2018		L1800007	71406		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	LEGALINC CORPORATE SERVICES INC.					
٥.	(4)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	• •		
		5237 SUMMERLIN COMMONS					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		SUITE 400			Z Za	201	
		FORT MYERS .FL	33907			APPR AP TIL TIL	
	ZI 5	Steve Drake				» FR FR FR FR	
	(p)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Ť				STATE	.,	
		NEW Registered Office Address:			-		
		20002 Pergola Bend Ln			_		
		Tampa FI	33647				
16 :	hal			State of Flo	- onida itia hombu aantimus	d that affair	
the	e cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	the regis	tered office	e and the business office o	f the registered	
		vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of					
		icles of organization or the operating agreement of the l				<i>p</i>	
		363 (N.D.	Ste	ve Drake			
		ture of a member or authorized representative of a member			Printed or typed name of signe		
pre the to	ovisi e obl mere	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.	performa	mce of $m\dot{v}$ a	duties, ånd I am familiar v	vith and accent	
Si	gnatu	re of Registered Agent					