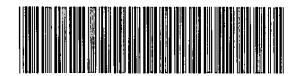
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations						
MINAT STRATEGIES LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this n	natter to the following:					
SETH MININSOHN						
Name of Person						
MINAT STRATEGIES LLC						
Firm/Company						
300 TREVISO GRAND CIRCLE, UNIT 211						
Address						
N.VENICE, FL 34275						
City/State and Zip Code						
minatstrategies@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
SETH MININSOHN	941 525-6765 at ()					
Name of Person	Area Code & Daytime Telephone Numbe					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following an	nount:					
■ \$25 Filing Fee						

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	ime of the limited liability company: MINAT STRA	ATEGIES I.	LC			
2. (a)			b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	300 TREVISO GRAND CIRCLE, UNIT 211		300 TREVIS	SO GRAND CIRC	LE, UNIT 211	
	N.VENICE, FL 34275		N. VENICE	, FL 34275		
	MARCH 21, 2018		L1800007384	8		
3.	Date of filing/registration in Florida			Document numbe	Г	
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records SETH MININSOHN	s of the Flori	da Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRE	(25)		20	
	646 CRANE PRAIRIE WAY		322		2021 000	į
	OSPREY	FL_34229				,
		1 10			72	٠.
(b)	Enter name of NEW Registered Agent and/or NEW Registered				1 2:	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office a	ddress:		0.00	
	SETH MININSOHN				J	
	NEW Registered Office Address:					
	300 TREVISO GRAND CIRCLE, UNIT 211					
	N. VENICE	.FL_34275				
change agent was/w the art	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	the registe I liability or rs of the li the limited	red office and company, it is l mited liability liability comp TH MININSOF	the business offichereby confirmed company or as of pany.	ce of the registere d that the change(s therwise provided	d s)
Sign	dure of a member or authorized representative of a member			Printed or typed nam	ne of signee	
provis the obi to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to a ete perfori ided for in . I hereby	et in this capac mance of my di Chapter 605, confirm that th	city. I further agg uties, and I am fa F.S. Or, if this d ne limited liability	ree to comply with miliar with and a locument is being v company has bei	the ecept filed en

Signa to of Registered Agent