1180000 75321

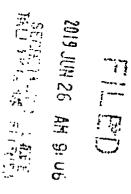
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Fensting by (het Mane 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 matter to the following: | | | |
| Man Bergin an Name of Person | | | |
| Frankling by (het Mar.) | | | |
| | | | |
| 7369 S. Deven Drive | | | |
| $\frac{T_{C_1, c_1, c_2, c_3}}{\text{City/State and Zip Code}} $ | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Manual Berginson at (565) 561 - 1166 Name of Person Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clofton Building Division of Corporations Clifton Building Clofton Build | | | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

| , 101 ldd. | |
|---|--|
| 1. Name of the limited liability company: | he by that Mark |
| 2. (a) Many Bounnay | (b) N. (a) Ramanasa |
| Principal office address of limited liability company: | Mailing address of limited liability company: |
| (Note: MUST BE STREET ADDRESS) | (Note: MAY BE POST OFFICE BOX) |
| 1200 Sa Playon him | 1502 Sr Desen Duis- |
| James 21 3332" | Taman Fl 33311 |
|) (4) (4) (4) (4) (4) (4) (4) (4 | L 180000 75321 |
| 3. Date of filing/registration in Florida | 4. Document number |
| | In Hyonts, Inc. |
| Registered Agent and Registered Office shown on the records | the state of the s |
| | louite Es Es |
| Registered Office Address (MUST BE FLORIDA STRE | TADDRESS) |
| | N gram |
| tamon. | 111 () () |
| | X |
| (b) Mark Brunner | and the second s |
| Enter name of NEW Registered Agent and/or NEW Registe | red Office address: |
| 7309 S. Deven D. | ive |
| NEW Registered Office Address: | |
| | |
| | |
| Tamaria. | FL 33321 |
| | |
| the change or changes are made, the Florida street address | laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered |
| agent will be identical. Or, in the case of a Florida limite | I liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided in |
| the articles of organization or the operating agreement of | the limited liability company. |
| Signature of a member or authorized representative of a member | Printed or typed name of signer |
| Signature of a member or authorized representative of a member | Printed or typed name of signce |
| provisions of all statutes relative to the proper and compathe obligations of my position as registered agent as prov to merely reflect a change in the registered office address notified in writing of this change. | agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed , I hereby confirm that the limited liability company has been |
| Was & Birama | |

Signature of Registered Agent