L1800010713/

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
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COVER LETTER

Division of Corporations				
SpaceMade LLC SUBJECT:				
	of Limited Li	at lity Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and	lee(s) are submitted for filing.		
Please return all correspondence concerning this n	natter to the f	following:		
Dagmar Moore				
Name of Person		_		
SpaceMade LLC				
Firm/Company				
800 N. Magnolia Ave, Suite 1400	,			
Address	 _			
Orlando, FL 32803				
City/State and Zip Code				
dasha@solodev.com				
E-mail address: (to be used for future annual	report notifi	cation)		
For further information concerning this matter, ple	ase call:			
Dagmar Moore	407 at (, 898-1961		
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	Reg Div P.O	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	□ \$ 5	5 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	ime of the limited liability company: SpaceMad	e LLC				
2	(a)	800 N. Magnolia Avenue	(b) 800 N.	(h) 800 N. Magnolia Avenue			
-	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Suite 1400	Suite 14	Suite 1400 Orlando, FL 32803			
		Orlando, FL 32803	Orlando				
		05/02/2018	L180001	07131			
3.		Date of filing/registration in Florida	4.	Document number			
5	(a)	B&C Corporate Services of Florida, Inc					
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		390 N. Orange Avenue					
		Registered Office Address (MUST BE FLORIDA STREE					
		Orlando	FL 32801	FIL 19 HAY 22 SECREDAR ALL ARASS			
	(b)	Dagmar Moore Enter name of NEW Registered Agent and/or NEW Register 800 N. Magnolia Avenue NEW Registered Office Address: Suite 1400	red Office address:	MID 32 MID 32 MID 32 MID 32			
		Orlando	_{FL} 32803				
the age	char nt w s/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member of organization or the operating agreement of the	laws of the State of Fl of the registered offic lliability company it is s of the limited liabilit he limited liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany.			
Dagmar Moore Printed or							
1 10)/ arab	<i>[']</i>	navaa ta aat in thin can	Printed or typed name of signee			
pro the to n noti	visio visio obli nere ilie	y 'écept the appointment as registered agent and a ins'of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in to registered office address, writing of this chape.	agree to act in this cape tle performance of my ded for in Chapter 60: I hereby confirm that	deties, and I am familiar with and accept duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
Şigi		XAMMAL LILLE	-				
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 FILING FEE: \$25.00							