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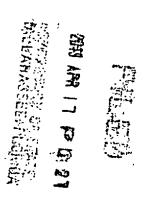
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basilees Linkly Hallie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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APR 2 5 2013 T. LEWIEUX

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	ECT: Friaid LL Name	of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Sarriva Sherman Name of Person	<u> </u>
	Friaid LLC	
	Firm/Company	
	535 ne 132nd st. Address	
	North Mixm, Fl 33/6 City/State and Zip Code	<u>/</u>
Е	may army a yakidicom-mail address: (to be used for future annua	1 Treport notification)
For fur	ther information concerning this matter, pl	ease call:
	Jurrion Sherman	at (<u>(019</u>) 855-3700
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following an	mount:
	\$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. Name of the limited liability company: Friaid	110
2. (a) 535 he 132nd st.	(b) 535 ne 132nd st.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
North miam; F1 33161	North mian: 1-133161
5-7-2018	L18000113846
3. Date of filing/registration in Florida	4. Document number
5. (a) United States Corporation Agreement Agreement and Registered Office shown on the records of the 13302 Winding Oak Court	he Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
Tampa FL	₹ a second
(b) <u>Jarrion Sherman</u>	
Enter name of NEW Registered Agent and/or NEW Registered C	Office address:
535 ne 132nd st.	
NEW Registered Office Address:	English No.
North Man; FL	
If the limited liability company is not organized under the laws	s of the State of Florida, it is beach, and formed the affice
the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited in the limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the members of the liab was/were authorized by an affirmative vote of the liab was/were authorized by an affirmative vote of the liab was/were authorized by an affirmative vote of the liab was/were authorized by an affirmative vote of the liab was/were authorized by a liab was/were	he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
	Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	e to act in this capacity. I further agree to comply with the verformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been
Signature of Registered Agent	