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COVER LETTER			
TO: Registration Section Division of Corporations	•		
SUBJECT: Campus Hamper LLC			
Nan	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Andrew Dunlap			
Name of Person			
Campus Hamper, LLC			
Firm/Company			
16680 Lake Pickett Rd			
Address			
Orlando/ Florida 32820			
City/State and Zip Code			
andrewdunlap1997@gmail.copm			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter.	please call:		
Andrew Dunlap	407 493-9394		
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 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	amount:		
☑ \$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.

oriaa Na	me of the limited liability company	Campus Ham	nper LL() 	
(a)	16680 Lake Pickett rd, Orland	do Fl. 32820	(b	cama	
(4)	Principal office address of limited (Note: MUST BE STREET			· <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	same as above		_		
		<u> </u>	_		8000131202
	Date of filing/registration	in Florida	 4.	ا سِا	Document number
(a)	May 2018				
	Registered Agent and Registered Office sh United States Corporation A Registered Office Address (MUST BE	gents, Inc		. <u> </u>	
	13302 winding oak court				- " CD
	Tampa	, FI	33612		
(b)	Sylvia Dunlap				
	Enter name of <u>NEW Registered Agent</u> an	nd/or NEW Registered	l Office add	iress:	Ø)
	16680 Lake Pickett rd.				<u>. C</u>
	NEW Registered Office Address:				
	Orlando		32820		_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members 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 signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent