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(Address)								
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(City/State/Zip/Phone #)								
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Ra Change

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations	
SUBJ		
	Nan	me of Limited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	nis matter to the following:
Rub	en Andrews	
	Name of Person	
Sick	le Clothing Co.	
	Firm/Company	
191	6 Gary Cir	
	Address	
Pen	sacola, FL 32505	
	City/State and Zip Code	F 1
sick	leclothing@gmail.com	nual report notification)
	E-mail address: (to be used for future and	•
For fu	orther information concerning this matter.	r, please call:
Rub	en Andrews	at (850 8987161
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

LIMITED LIABILITY COMPANY

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

1	NI.	me of the limited liability company:	thing	Co.				
i.		Ruben Andrews		(h)	Ruben A	andrews		
2. (a)	(31)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(17)	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1916 Gary Cir	1916 Ga		1916 Ga	ry Cir		
		Pensacola, FL 32505		-	Pensaco	la, FL 32505		
		May 29, 2018	L1800013			32661		
3.		Date of filing/registration in Florida		4.	ł	Document number		
5.	(a)	LegalZoom						
(b)	Registered Agent and Registered Office shown on the records United States Corporation Agents, Inc							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		13302 Winding Oak Ct, Suite A						
		Tampa	FL_3	3612				
	(h)	Registered Agents Inc.				8- 1 111 6	1018 1803 1803	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		7901 4th St N					PH12: 09	0480 3 40 8
		NEW Registered Office Address:					5	の 27 24 24 24 24 24 24 24 24 24 24
		STE 300					9(10.45 E.
		St. Petersburg	3: FL	3702				<i>0</i> ,
the age wa	cha :nt w ะกุ่งขอ	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the control of the members.	s of the I liabil rs of tl	e registe lity con he limit nited lia	ered office upany, it is ted liability ability comp	and the business office hereby confirmed that company or as otherw pany.	the cha	register ange(s)
<u> </u>	11	ure of a member or authorized representative of a member		HUD	en Andre	Printed or typed name of si	enec	
	ignat	we are any the appointment as rearistered agent and	/10 * t-20	to act i	_		_	ly with 11

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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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

Bill Havre

- Assistant Secretary