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LLC REGISTERED AGENT CHANGE **FLYER JOBS LLC**

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H190001590843

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. N | lame of the limited liability company: FLYER JOB | IS LLC | | | |
|-----------------|--|---|--|--|--------------------------------------|
| 2. (a) | | (b) | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3331 NW 40TH | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | pany; 2X) |
| | ST LAUDERDALE LAKES, FL 33309 | | | | |
| | 06/19/2018 | L18000 | 150800 | • | |
| 3. 5. (a) | Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC. | 4. | Document number | | |
| , | Registered Agent and Registered Office shown on the records of 5237 SUMMERLIN COMMONS BLVD STE | the Florida Dept. of Sta 400 | ate: | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | - | ************************************** | 2 |
| | FORT MYERS FI | 33907 | _ | > C) > Z) W [] > [] | HAY |
| (b) | ROCKET LAWYER CORPORATE SERVIC | | | .SSE8 | 6 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | _ | MO Fig. | |
| | 155 OFFICE PLAZA DRIVE, 1ST FLOOR | | | , OKID | 4 10: t |
| | NEW Registered Office Address: | | _ | .وم پويا پِت | <u>-</u> |
| | TALLAHASSEE, FL | 32301 | - | · | |
| agent w. | mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia reputhorized by an affirmative vote of the members of the of organization or the operating agreement of the | bility company, it is | e and the business office s hereby confirmed that | e of the reg | istered |
| ΔL | and the second s | | DLL, AUTHORIZED RE | PRESENT | ATIVE |
| | Te of a member or authorized representative of a member | | Printed or typed name of si | gnœ | |
| | y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete the property of the proper | ee to act in this cape performance of my t I for in Chapter 605 ereby confirm that i | acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com | comply wir with and ent is bein pany has b | ith the accept g filed seen |
| ⇒@ικαπ α | of Registered Agent | | | | |

Division of Corporations• P.O. Box 6327• Tallahussee, FL 32314 FILING FEE: \$25.00