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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| F | Address | | | |
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| rmalı | ABBERS | | | |

LLC REGISTERED AGENT CHANGE EZ BOOKKEEP LLC

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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.

| Na | me of the limited liability company: | | |
|------------------|--|--|--|
| 1) | | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 07/06/2018 | L1800 | 00164198 |
| | Date of filing/registration in Florida | 4. | Document number |
| a) | MAN-BORRERO, Tat Ian | | |
| , | Registered Agent and Registered Office shown on the records of the | ne Florida Dept. | of State: |
| | 4827 NW 108TH CT | | |
| | Registered Office Address (MUST BE FLORIDA STREET A. | DDRESS) | |
| | | | |
| | DORAL | 33178 | |
| | , FL_ | | |
| o) | Registered Agents Inc | | 20 |
| ′, | Enter name of NEW Registered Agent and/or NEW Registered (| Office address: | |
| | 700, 44 51 1 | | • |
| | 7901 4th St N | | <u> </u> |
| | NEW Registered Office Address: | | -p |
| | STE 300 | | . 29 |
| | St. Petersburg , FL | 33702 | |
| ha we we | mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light formula to the l | he registered bility compan the limited li | office and the business office of the registry, it is hereby confirmed that the change(s) iability company or as otherwise provided ty company. |
| nat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| el sie bli | oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change. | e to act in thi performance of for in Chapto ereby confirm | is capacity. I further agree to comply with of my duties, and I am familiar with and ac er 605, F.S. Or, if this document is being f n that the limited liability company has bee |
| ea | 0 2 | | |