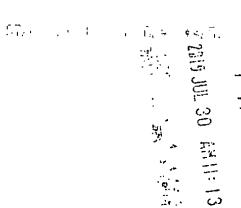
## L18 000 165253

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

Office Use Only



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Y SULKER AUG 0 5 2019



July 18, 2019

MARIUSZ DANCZUK 4943 NW 120TH AVE CORAL SPRINGS, FL 33076

SUBJECT: HEYCOOLSTUFF.COM LLC

Ref. Number: L18000165253

We have received your document for HEYCOOLSTUFF.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00014600

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

то:	Registration Section Division of Corporations						
SUBJ	HEYCOOLSTUFF.COM LL	.C					
150150		me of Limite	d Liability Company				
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for	filing.			
Please	e return all correspondence concerning the	his matter to	the following:				
Mari	usz Danczuk						
	Name of Person	•,					
Hey	CoolStuff.com LLC						
	Firm/Company						
4943	3 NW 120th Ave						
	Address	.,					
Cora	al Springs, FL 33076						
	City/State and Zip Code		<del></del>				
supp	oort@heycoolstuff.com						
	E-mail address: (to be used for future an	nual report i	otification)				
For fu	urther information concerning this matter	r, please call	:				
Mari	usz Danczuk	954 at (	629-5627				
•	Name of Person		Area Code & Daytime	Telephone Number			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section Division of Corporations			Registration Section				
			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 followin	g amount:					
	<b>2</b> \$25 Filing Fee		\$55 Filing Fee & Certified	l Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0110, Florida Statutes, the undersigned limited liability compositionits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

2. (a)	ame of the limited liability company: 110,000,000 4943 NW 120th Ave			
- (4)	4343 1888 12001 1200	(b)	4943 NV	V 120th Ave
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			dailing address of limited hability company.  (Note: MAY BE POST OFFICE BOX)
	Coral Springs, FL 33076	<del></del>	Coral Sp	orings. FL 33076
		·		
	07/09/2018	ŀ	_1800016	65253
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC	<b>)</b> .		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- ::
	5237 SUMMERLIN COMMONS			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	!	
	SUITE 400			
	FORT MYERS	33907		
(b)	MARIUSZ DANCZUK  Enter name of NEW Registered Agent and/or NEW Registered Office address.  4943 NW 120th Ave  NEW Registered Office Address:		2815 JUL 30 Millio 13	
	Coral Springs	FL 33076		
the chagent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the contro	of the regis liability co sof the lim he limited l	itered office inpany, it is ited liabilit	e and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided in pany. CZUK
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei notific	thy accept the appointment as registered agent and enions of all statutes relative to the proper and completions of my position as registered agent as praying related achieve in the registered office address, and in writing of this change	igree to act vie perform ded for in C I hereby co	in this cap ince of my hapter 603 infirm that	acity. I further agree to comply with duties, and I am familiar with and ac 5, F.S. Or, if this document is being f the limited liability company has hee