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COVER LETTER

_	stration Section sion of Corporations							
SUBJECT:	Sprout Kids Agency, LLC							
	Na	me of Limited Liability Company						
Dear Sir or M	Madam:							
The enclosed	I Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.						
Please return	all correspondence concerning the	his matter to the following:						
Shaina Mil	ler							
	Name of Person							
Sprout Kid	s Agency, LLC							
	Firm/Company							
12921	12921 76th RD N. Address							
West	Palm Beath F City/State and Zip Code	133412						
SVAIN E-mail	address: (to be used for future an	nual report notification)						
For further in	nformation concerning this matter	, please call:						
Shaina Mil	ler Name of Person	at (954) 687 - 4130 Area Code & Daytime Telephone Number						
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314						
Encl	Enclosed is a check for the following amount:							
Q \$2	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.

I. Na	me of the limited liability company: Sprout Kids Age	ency,	LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail	_	limited liability	•
	Fl. 33412		12921	764	rd 1	<u>V</u>
			West	palm	Beach	F1. 3341.
	October 16, 2018	Į -	_180002436	95		
3.	Date of filing/registration in Florida	4.	Do	cument nun	nber	
5. (a)	Susanne thomas	_				
	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADI	<u>)KESS)</u>				
	144 NW 9th and				-4, -,	70
	Delvay Beach FI.	32	<u>, 444</u>		٠,	2019 SEP 1.3
41.5	Shaina Miller					-3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice add	ress:			الم
	NEW Registered Office Address:	Λαι	na Mill	er		
	MOSO BELOS SECORA 13	92	1 76t	h rd.	Ю.	
	Nes palm Beach, FL	73	1412			
the cha agent v was/we	imited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization of the operating agreement of the limited liabilities.	e regist lity cor ne limi	tered office an npany, it is he ted liability co ability compar	d the busine reby confire ompany or as ny.	ess office of t med that the o s otherwise p	he registered change(s)
Signer	are of a member or authorized representative of a member		Shain Pri	nted or typed r	name of signee	
1 1	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the proper action of the registered office address, I here in writing of this change.	to act i rforma or in C. eby coi	in this capacit nce of my duti hapter 605, F. nfirm that the	v. I further es, and I am S. Or, if thi limited liahi	agree to con familiar wit s document i ility company	ply with the h and accept s being filed has been