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Division of Corporations

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LLC REGISTERED AGENT CHANGE SUPERSIMPLES 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.

1. N	ame of the limited liability company: SUPERSIMP	LES LLC		
2. (a)	·	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)	my:
	10/26/2018	L18	000252145	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	SCHUCHOVSKI, PLINIO J Registered Agent and Registered Office shown on the records of 251 CRANDON BOULEVARD Registered Office Address (MUST BE FLORIDA STREET)		of State:	
	APT 535	<u>,</u>		
	KEY BISCAYNE . FI.	33149		
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	Office address:	2023 HAY - 2 AM	
	NEW Registered Office Address:			;
	STE 300		7: 42	
	St. Petersburg , FL	33702		
the ch agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the reg iy, it is hereby confirmed that the chang iability company or as otherwise provid	gistered e(s)
<u> </u>	at smith	Nat Smi		
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I light writing of this change.	ree to act in thi performance of d for in Chapti hereby confirm	is capacity. I further agree to comply wof my duties, and I am familiar with and er 605, F.S. Or, if this document is being that the limited liability company has	rith the Laccept 19 filed been
XISUOI	Taylor Newman - Assistant Secretary	у		

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