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## **COVER LETTER**

TO: Registration Section Division of Corporations					
West Crystal, LLC SUBJECT:					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Sean O'Hara					
Name of Person					
Metal Industries, LLC					
Firm/Company					
1985 Carroll St.					
Address					
Clearwater, FL 33765					
City/State and Zip Code					
sohara@metalindustriesinc.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	elease call:				
Sean O'Hara	727 431-5199				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$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.

L. Na	me of the limited liability company: West Crystal,	LLC				
2. (a)	1985 Carroll St, Clearwater, FL 33765	(b)	(b) 1985 Carroll St, Clearwater, FL 33765			33765
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(°,		Mailing address of limite (Note: MAY BE POS	-	
	11/20/2018	_ _ _	190002	69050		
3.	Date of filing/registration in Florida	- 4.	_1800020	Document number		
	Corporation Service Company	٦.		Boetiment number		
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida I	Dept. of State	- -		
	The state of the s	ine i kanda i	sept. of the	c.	20	
	Registered Office Address 1201 Hays St	(ADDRESS)		TALLAHASS	2019 OCT -	1 0 1 0
	Tallahassee	32301-2	2525	- 44- 37- 67- 67-	- PH	ti .
(b)	Sean O'Hara Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	ress;	- - -	4 5: 07	1 m
	NEW Registered Office Address:			_		
	1985 Carroll St	· <u>-</u> .		_		
	Clearwater, FL_	33765		_		
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor If the limit limited lia	ered office npany, it i ted liabilit ability con	e and the business o s hereby confirmed y company or as oth	office of that the onerwise p	he registered change(s)
I herel provisi the obl to mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to act i performa	in this cap	acity. I further agre duties, and I am fan	ee to con niliar wii	th and accept

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

Signature of Registered Agent