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| (Request | or's Name) |
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| (Address |) |
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| (City/Stat | te/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busines | s Entity Name) |
| (Docume | ent Number) |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---------|
| SUBJECT: SCHURA MANAGEMENT (C) Name of Limited Liability Company | _ |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Coumen Stward PA. Name of Person (Augustio Servard DA) | |
| Firm/Company | |
| 13874 Vancanza Dv. Address | |
| VCNICL, F1 34293 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (94) 321-2187 Area Code & Daytime Telephone Numb | - er |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\Bigcup \$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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (b) NEW Registered Agent and/or NEW Registered Office address: eī: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to meetly reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

notified in writing of this change.

Signature of Registered Agent