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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Power Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Anthony Amabale Name of Person Powes Nap 11c Firm Company			
12421 Belcreft Dr			
RIVES UCW, F2 33. City/State and Zip Code	<u>579</u>		
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:		
Anthony Analyle at Name of Person	(386) 589-586 Z 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		

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 8	ame of the limited liability company:
2. (a)	Principal office address of limited lib (1907) (Note: MUST BE STREET AL DRESS) 12421 Belesst Dr (Note: MAY BE POST OFFICE BOX) 12421 Belesst Dr (Note: MAY BE POST OFFICE BOX) 12421 Belesst Dr (Note: MAY BE POST OFFICE BOX)
3.	December 19 2018 218000 290 990 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 700 4th Sitest N, Suite 300 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	St. Petusbug FI 33702 Attony Amabile Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: 12421 Selc50 FL 33579
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmalize vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company. A HOLLO Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.

Signature of Registered Agent