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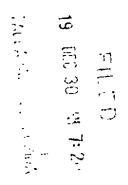
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JAN 2 9 2020 S. YOUNG

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	•					
SUBJECT: SOPROSPECT LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fec(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Shan Ou						
Name of Person						
Name of Person						
SOPROSPECT LLC						
Firm/Company						
10354 Mateo Ct						
Address						
Boca Raton, FL						
City/State and Zip Code	 					
soprospectllc@gmail.com						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please c	all:					
Shan Ouat (503) 388-5233					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					
	Tallahassee, FL 32303					
Enclosed is a check for the following amount	:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

STÄTEMENT 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.

2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(b) 1317 Edgewater Dr Ste189 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(,				
	Orlando FL 32804		Orland	o FL 32804
	Jan 07, 2019		L19000	008183
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agents Inc.			
•	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	IC:
	7901 4th St N			19 <u>19</u>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7	- 등 표
	Suite 300			30 77
	ST.PETERSBURG ET	_ 3370	12	t _e
(b)	Error name of NEW Registered Agent and/or NEW Registered	l Office ad	dress;	- : - :3 - :1
	1317 Eagewater Dy NEW Registered Office Address:			_
	Orlando, FI	35	1804	_
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability co of the lin	ed office an impany, it i lited liabilit	In the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.
Sign	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 agrifons of all statutes relative to the proper and complete oligations of my position as registered agent as provide kely reflect a change in the registered office address, I din writing of this change.	ree to act performe d for in C hereby co	in this cap ince of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
4-1	$\langle \mathcal{N} \rangle \langle \mathcal{N} \rangle \sim$			

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