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## COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Operation Restart LL 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:	
Joshua Biggers Name of Person	
Coperation Restort LLC	
4102 Iliab Ct. Apt 108	
Tampa FL, 33613	
Tampa FL, 33613  City/State and Zip Code  jrbschool@gmail.Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joshua Biagers at 915, 4872107 Name of Person Area Code & Daytime Telephone Numb	 ber
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 \$25 Filing Fee & Certified Copy	
NHS18 (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: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Document number Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) **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. of a member or authorized representative of a member Printed or typed name of sig 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change,

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