L19000019124

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Shoon Grou	o, LLC hited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Amie William Son Name of Person			
Show Group, LLC Firm/Company			
7018 Summit Drin	1 <u>e</u>		
Navarre, F2 32566 City/State and Zip Code			
AMie Williamson@r E-mail address: (to be used for future annual repor	Me.com		
For further information concerning this matter, please c	all:		
Amie Williamson au	850, 889.6198		
Name of Person	Arca Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INH\$18 (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 N	ame of the limited liability company: Shoom Group, LLC	
2. (a)	Principal office address of limited liability company: 32561 (Note: MUST BE STREET ADDRESS) Principal office address of limited liability company: 32561 (Note: MAY BE POST OFFICE BOX)	<u>.e</u> 2.
3.	Date of filing/registration in Florida L 19000019124 Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	13302 Winding Oak Court A, tampa, Fr 33612 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
(b)	Tampa FL 33612 Amie Williamson Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	Navarre, FL 32566	
the cha agent v was/wa	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registerevill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.	ed
Signa	ure of a member or authorized representative of a member Amic Williamson 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 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.

Signature of Registered Agent