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Florida Department of State

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To

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC. Account Number: 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE FLYING MONKEYS ENTERPRISES LLC

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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.

n L. Na	nme of the limited liability company: Flyir	ng Monkeys Ent	erprises LLC	
2. (a)		(b)		
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	прилу:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N STE 300	7901 4	th St N STE 300	
	St. Petersburg FL 33702	St. Pete	ersburg FL 33702	
	02/21/2019	L1900	00051386	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATI	ION AGENTS, INC.		
J. (a)	Registered Agent and Registered Office shown on the r	records of the Florida Dept. of Star	- te.	
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)	-	
	JACKSONVILLE	, FL 32202	_	
(b)	Northwest Registered Ag		-	
(0)	Enter name of NEW Registered Agent and/or NEW R	Registered Office address:	_	
	7901 4th St N		202	
	NEW Registered Office Address:		2023 FFB	
	STE 300		7	
	OL Data vale	22-20	. c s	
	St. Petersburg	_{. FL} 33702		
the cha agent v was/we	imited liability company is not organized undoinge or changes are made, the Florida street advill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the maches of organization or the operating agreement	ddress of the registered offic imited liability company, it i embers of the limited liabilit	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in	
		Nat Smith	· · · · · · · · · · · · · · · · · · ·	
Signal	are of a member or authorized representative of a memb		Printed or typed name of signee	
provisi 160 obl	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office add tin writing of this change	complete performance of my complete performance of my	duties, and I am familiar with and acc	ept

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

- Assistant Secretary

Taylor Newman

Signature of Registered Agent