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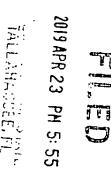
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COVER LETTER

TO: Registration Section Division of Corporations	•					
A Petal Trail Film, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Douglas J. Jeffrey, Esq.						
Name of Person						
A Petal Trail Film, LLC						
Firm/Company						
6625 Miami Lakes Drive East, Suite 365						
Address						
Miami Lakes, Florida 33014						
City/State and Zip Code						
dj@jeffreylawfirm.com						
E-mail address: (to be used for future annua	al report notification)					
For further information concerning this matter, p	lease call:					
Douglas J. Jeffrey, Esq.	305 828-4744					
Name of Person	Area Code & Daytime Telephone N					
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 a	mount:					
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS18 (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.

1. N	ame of the limited liability company:	A Petal Trail	Film, Ll	_C				
2. (a)	6625 Miami Lakes Drive East	Suite 365	(b	6625 M	Miami Lakes Driv	ve Eas	t, Suit	e 365
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami Lakes, Florida 33014				Mailing address of lin		,	-
				Miami L	_akes, Florida 3	3014		
								·
	March 21, 2019		_	L190000	079756			
3	Date of filing/registration in	n Florida	4.		Document numb	er		
5. (a)	Registered Agent and Registered Office sho				_			
	Douglas J. Jeffrey	wn on the records o	I the Florida	Dept. of Sta	le:			
	Registered Office Address (MUST BE F	LORIDA STREET	ADDRESS	<u></u>	_		201	
	6625 Miami Lakes Drive Eas	t, Suite 379			_	2	9 AP	" ~ "
	Miami Lakes	, FI	L 33014			ALLANS	2019 APR 23	
		·		·	_	5. 10	3 PM	
(b)	Enter name of NEW Registered Agent and	or NEW Registered	d Office add	dress:	_	(i)	i. ≅	O
							25	
	NEW Registered Office Address:				_			
	6625 Miami Lakes Drive East	, Suite 365						
			-		_			
	Miami Lakes	, FI	_33014 		_			
ine cha	imited liability company is not organinge or changes are made, the Florida	street address o	I the regis	tered offic	e and the business	office o	f the re	wistered.
agent v was/wa	vill be identical. Or, in the case of a green authorized by an affirmative vote.	Florida limited li of the members (iability co of the lim	mpany, it i ited liabilit	s hereby confirme v company or as o	d that th	e chans	re(s)
the arti	cles of organization or the operating	agreement of the	e limited l	iability con	npany.			
Signa	ture of a member or authorized representative	vfa member		iylas J. J.	effrey, Esq. Printed or typed name	ie of signe		
I herei provisi the obl to mere	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered of the writing of this change.	ad arount and are	ree to act e performe ed for in C hereby co	in this cap ince of my hapter 60; infirm that		_		with the d accept ng filed been

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