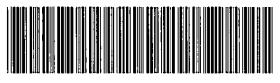
L19000138605

(Requestor's Name)						
(Address)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations						
	CTRLFREQ LLC						
SUBJE	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change	e and fee(s) are submitted for filing.				
Please	return all correspondence concernin	g this matter to	o the following:				
Harriso	n Chane						
	Name of Person						
CTRLE	REQ LLC						
	Firm/Company						
512 Hig	ghland Ave						
	Address	<u></u>					
Orlando	o, Fl. 32801						
	City/State and Zip Co	de					
hchane	@harstoncohn.com						
E	-mail address: (to be used for future	annual report r	notification)				
For fur	ther information concerning this ma	tter, please call	11;				
Harriso	n Chane	407	6807630				
		at ()				
	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 follow	ving amount:					
	\$25 Filing Fee	C	□ \$55 Filing Fee & Certified Copy				
INHS18	3 (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. Na	ume of the limited liability company:					
	512 Highland Ave. Orlando, FL. 32801		512 Highland Ave. Orlando, FL. 32801			
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/23/2019		L190001	38605		
5. (a)	Date of filing/registration in Florida Dylan H Chane	4.		Document number		
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 512 Highland Ave.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Z020 SEP		
	Orlando , FL_	32801				
(b)	Harrison Chane			HASSE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:			
	512 Highland Ave.			3: 32 E. FL		
	NEW Registered Office Address:					
	· · · · · · · · · · · · · · · · · · ·	32801				
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egister oility co the lin	ed office ompany, i nited liab liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in ompany.		
	ture of a member or authorized representative of a member			Printed or typed name of signee		
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee		
rovisi he obli o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I imwriting of this change.	e to ac erform for in (ereby c	t in this ca ance of n Chapter 6 onfirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 105, F.S. Or, if this document is being filed at the limited liability company has been		

Signature of Registered Agent