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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
CUDIECT.	Proud American Products LLC Name of Limited Liability Company				
SUBJECT:					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to the fo	ollowing:		
Robert A Wat	tkins				
	Name of Person		_		
	Firm/Company		_		
6 Felter Lane			_		
	Address				
Palm Coast/F	L 32137				
	City/State and Zip Coo	le	_		
bobwat53@g	mail.com				
E-mail	address: (to be used for future	annual report notific	cation)		
For further in	nformation concerning this ma	tter, please call:			
Robert A Wai	tkins	410 at (428-6111)		
	Name of Person		Area Code & Daytime Telephone Number		
Mai	iling Address:		Street Address:		
	istration Section		Registration Section		
	ision of Corporations		Division of Corporations		
	. Box 6327		The Centre of Tallahassee		
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ing amount:			
= \$:	25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		

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	ame of the limited liability company: Proud American	Products	LLC	
2. (a)	6 Felter Lane, Palm Coast, FL 32137		(b)	
(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)
	6 Felter Lane		6 Felter La	ane
	Palm Coast, FL 32137		Palm Coas	st. FL 32137
	6/28/19		L190001698	823
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (11)	Registered Agent and Registered Office shown on the records of			e:
	United States Corporation Agents, Inc.			20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 21
	5575 S. Semoran Blvd.Suite 36			
	Orlando , FI	32822		
(b)	Pamela Watkins			1021 JUL -8 AH 9
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	ddress:	
	6 Felter Lane			
	NEW Registered Office Address:			_
	n.t. C	22127		_
	Palm Coast , FI	32137 ———		_
change agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	registe ability of of the li limited	red office an company, it is mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	tyre of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer natified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	rce to ac perform d for in hereby	et in this cape nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been