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COVER LETTER

Division of Corporations				
SUBJECT: Drynken Monke				
Name of Lim	ited Liability Company 完整 管			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Name of Person				
UNA ENTERTAINMENT SPEC	CIALISTS			
9380 SW 72nd Street	STE B216			
Miami F1 33173 City/State and Zip Code				
Mtay. n@Inadealerpngra E-mail address: (to be used for future annual report	2M.COM rt notification)			
For further information concerning this matter, please co	all:			
NOTALY HINCAPHE at (3)	Area Code & Daytime Telephone Number			
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 amount:				
\$25 Filing Fee	☐ \$55 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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: Druc	KCI	1 Mor	nkcys. LLC
2. (a	60066		(b) <u>9390</u>	SW 72nd Strut Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		ľ	(Note: MAY BE POST OFFICE BOX)
	South miami, F138	43	Sui	itc B216
			mias	mi F1 33173
	7/11/2019		<u> L19</u>	1000170083
3.	Date of filing/registration in Florida	4.		Document number
5. (a	o Jose Padilla			_
Ì	Registered Agent and Registered Office shown on the records	of the Flor	rida Dept. of State	e:
	9380 SW 72nd St StEB21	6		_
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDŖI</u>	<u>(SS)</u>	:
				-
	miami	fl <u>3</u>	3173	
(b	, 			AHASSAHA
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	<u>address</u> :	SEE S
	, 5885 Junsey Drive	,		500 - A
	NEW Registered Office Address:		•	一
	south miami			· -
	1	FL 3	3H3	
	,			-
the cl	limited liability company is not organized under the nange or changes are made, the Florida street address	of the re	gistered office	e and the business office of the registere
agent	will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member	liability	company, it is	s hereby confirmed that the change(s)
the a	ticles of organization or the operating agreement of the	he limite	d liability con	npany.
	Men		<u>N</u> CIT	tally Hincelphe
_	nature of a promber or authorized representative of a member			Printell or typed name of signee
provi the o to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in whiting of this change.	igree to le perfoi ded for i I hereby	act in this capermance of my end that the confirm that in the cape confirm that in the cape cape cape cape cape cape cape cap	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent