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(Re	equestor's Name)	<u>-</u> .					
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(Ad	ddress)						
(City/State/Zip/Phone #)							
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CLEAR ADVANTAGE LOBSTER SNARES LL Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN KAUEMAN Name of Person
CHEGR ADYANIACE LOBSTER SNADES LLL, Firm/Company
14Z) S. OCEAN BLVD VNIT 11Z Address
Pomph NO BEACH FL. 3306Z City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN KAUFMAN at (954) 592 - 8952 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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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.

2. (a)		(b)					
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1421 SOUTH OCEAN BLVD. UNIT 112		1421	5 0	CEAN	BW	11 (A)
	POMPANO BEACH, FL 33062	. <u>.</u>	Pon	PANO	BEI	BC/+	FL 33062
				,			33060
	Aug 23 Zoig	_	LIG	10002	216119		
3.	Date of filing/registration in Florida	4.		Document	number		
5 (a)	UNITED STATES Corporation AL	4NT S	: In	IC.			
v. (u)	Registered Agent and Registered Office shown on the records of the						
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		-		20:	
	5575 S SEMORAN B	レング	<i>k</i>)_	36		2020 JAPI 24	
				-		724	
	ORLANDO PL., FL	37	2872	_		45	
(b)	STEVEN KAUFMAN					M	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:	_		VI 10: 0	
						03	
	STEVEN KAUSM,	gn					
	NEW Peristand Office Address:			- ルフ			
	1421 3 OCEAN BLYD) v	NIT	112			
				-			
	POMPIANC BUT, FL	3	306	Z			
lf the li change	mited liability company is not organized under the laws or changes are made, the Florida street address of the re	of the Si oistered	tate of Flo	orida, it is he d the busine	ereby confi ess office of	rmed tha	it after the
agent v	/ill be identical. Or, in the ease of a Florida limited liabi	lity com	pany, it is	s hereby cor	firmed that	the cha	ngc(s)
	re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the line.				or as otherv	vise prov	vided in
	- 261		~		LICHIA	N	
Signat	ure of a member or authorized representative of a member		1	Printed or ty	ped name of s	ignee	···
l herel	by accept the appointment as registered agent and agree	to act in	this can	acity I furt	her avree to	a <i>compl</i> y	with the
the obli to mere	ons of all statules relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I her I in writing of this change.	or in Ch eby con	apter 605 firm that i	, F.S. Or, i the limited l	f this docun iability con	nent is be apany ho	eing filed is been

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

Signature of Registered Agent

The