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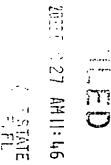
(Requestor's Name)								
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PICK-UP WAIT MAIL								
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Certified Copies Certificates of Status								
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COVER LETTER

то:		ration Section on of Corporations						
SHRJI	ECT: EFFECTIVE THOROUGHPUT, LLC Name of Limited Liability Company							
1,01,01								
Dear S	Sir or Ma	dam:						
The en	iclosed F	Registered Agent/Registered	Office Chan	ge and	I fee(s) are submitted for filing.			
Please	return a	ll correspondence concernir	ng this matter	to the	following:			
JOE	E CORL	EY						
		Name of Person						
EFF	ECTIV	E THROUGHPUT, LLC						
		Firm/Company		_				
58 1	ГЕАК С	COURSE						
	_	Address	-		<u> </u>			
OC/	MA, FI	. 34472						
		City/State and Zip Co	de		_			
**	•)yahoo.com						
Ī	E-mail ac	ldress: (to be used for future	e annual repoi	rt noti:	fication)			
For fur	rther info	ormation concerning this ma	atter, please c	all:				
MA	ARY SC	RIBNER	at (352	694-4184			
		Name of Person			Area Code & Daytime Telephone Number			
J	Regist Divisi P.O. L	ng Address: tration Section on of Corporations Box 6327 tassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclos	sed is a check for the follow	wing 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 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:EFFECTIVE ^	THORC	UGHPU	T, LLC		
2. (a)	58 TEAK COURSE, OCALA, FL 34472	(b)	(b) 58 TEAK COURSE, OCALA, FL 34472			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	09/05/2019	-	L190003			
3.	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS.	4. INC		Document number	•	
	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD. Registered Office Address (MUST BE FLORIDA STREET AL	- -				
	ORLANDO ,FL	328	22	_	- 2	
(b) .	M. SCRIBNER, CPA, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 307 NE 36TH AVE., SUITE 1	ress:	_	27 AMIL: 46		
	NEW Registered Office Address:			-	III 16	
	OCALA . FL	3447	0			
change agent was/we the arti Signat I hereb provisi the ober to mercanguifue	mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the linguistic of a member of a member of a member of a member of all statifies relative to the proper and complete periods of all statifies relative to the proper and complete periods of all statifies relative to the proper and complete periods of all statifies relative to the proper and complete period of the position as registered agent as provided for the proper and complete periods of this change.	egisterec ility con the limit mited lic JC	office and appropriate of the pany. It is not believed to be the pany of the p	d the business offices hereby confirmed y company or as other pany. RLEY, JR. Printed or typed name activ. I further agree	e of the registered that the change(s) nerwise provided in of signee	