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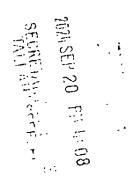
(Requestor's Name)						
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	CYC SUPPLEMEN	NTS LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The er	nclosed Registered Agent/Registered Offic	ce Change and f	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the fo	ollowing:			
Michae	el Serrano					
	Name of Person		_			
ZenBu	siness Inc.					
	Firm/Company		_			
336 E.	College Ave. Suite 301		2024 SEP 20 PH W 08 SECRETARY SET SET			
	Address					
Tallaha	assec, FL 32301					
	City/State and Zip Code		- 27 元 元の 元			
ra@zc	enbusiness.com					
1	E-mail address: (to be used for future anni	ual report notific	cation)			
For fu	rther information concerning this matter,	please call:				
Michae	el Serrano	844 at (493-6249			
	Name of Person	(Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	□ \$5	☐ \$55 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:CYC S	UPF	PLEMI	ENTS LLC
2. (a)	1221 PINE COURT		(b) 1221	PINE COURT
(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)
	NAPLES, FL 34102	<u> </u>	NAPI	.ES, FL 34102
	02/20/2020	_	1,20000	057513
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Moorhead, Hanna Leigh			
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	7901 4TH ST N ste 300			17.00 J. 17.
(b)	Registered Office Address (ST BE FLORIDA STREET ADDRESS)			2021 SET 20 PT 1: 08 SECRETARY OF E. 1: 1: 08
	ST. PETERSBURG , FL	337	02	
	ZenBusiness Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:			
	Tallahassee, FL	3:	2301	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registenbility of the 1	ered offic company imited lia	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Adam Sadler Moorhead			Adam Sadler Moorhead
-	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obi to mer notified	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in	ee to a perfor I for it tereby	ict in this mance of i Chapter confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent			