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C Kinsey

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HOUSE OF DITA LLC 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:					
Volandita Peret Name of Person HOUSE OF Dita	_				
Firm/Company					
2901 WE 1st ave #1808 Address					
Miami + C 33134 1 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Volandita Perez at 400	7925-0831 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				

\$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

Su.	mu.	s the joinowing stutement in order to entinge his registered of	-	i, in the muc of 1 to the
1.	Na	ume of the limited liability company: + 1005	OF Dita 1	-LC
7	(a)		(b)	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fir	nited liability company: POST OFFICE BOX)
		# 1808 Michi FL		
~		33/3/10/01/2020		.89601
3.		Date of filing/registration in Florida 4.	Document numb	er
5.	(a)	Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State:	
		Registered Office Address	<u>::55)</u>	2021 JUN 24 PH 12: 04
(b) Volandita Per-et Enter name of NEW Registered Agent and/or NEW Registered Office address:		address:	PH 12: 01	
		2901 NE 15+ QUE NEW Registered Office Address: #1808		•••
		Miami FL 3	,3137	
chage wa	ange ent w s/we	imited liability company is not organized under the laws of too changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limite	ered office and the business off company, it is hereby confirme imited liability company or as o	ice of the registered ed that the change(s)
_;	Signat	ture of a member or authorized representative of a member	Printed or typed nar	me of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this thange.

Signature of Registered Agent

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

INHS18 (2/14)