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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: STORM PR	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.				
Please return all correspondence c	concerning this matter to the following:				
Name of L WINKEL CONSTANCE Firm/Com					
1919 W. MAIN S					
INVERNAL, FL. City/State and bookkepping(@ 4)	34452 at Zip Code or future annual report notification)				
E-mail address: (it be-used for luture annual report notification) For further information concerning this matter, please call:					
TEPPRAY S. CARS. Name of Person					
Mailing Address: Registration Section Division of Corporation 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 t	he following amount:				
☐ \$25 Filing Fee	☐ \$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.

ł.	Na	ime of the limited liability company: Storm PRODE KOOFIA	u Systems INC.
		1919 W. MAIN ST, INCLOVES FL 34452 (b) 19 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•
3.		Date of filing/registration in Florida 4.	200003/2490 Document number
5.	(a)	RICHARD W. WINDER	
	(,	Registered Agent and Registered Office shown on the records of the Florida Dept. 5543 E. SHADY ACRAS DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	1
((b)	INVERNESS, FL 34452	2021 HAY 27 AM II: 29
		Enter name of NEW Registered Agent and/or NEW Registered Office address: 32.12 Oak Park Lank NEW Registered Office Address:	
		Kussimmer FL 34746	
char ager was	nge nt w /we	imited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability companiere authorized by an affirmative vote of the members of the limited liability or organization or the operating agreement of the limited liability.	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Si	gnat	ture of a member or authorized representative of a member	Printed or typed name of signee
pro the to n	visi obl iere	by accept the appointment as registered agent and agree to act in thi ions of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapterly reflect a change in the registered office address, I hereby confirmation writing of this change.	's capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or. if this document is being filed a that the limited liability company has been
Sigi	natiu	re of Registered Agent	