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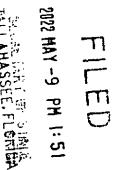
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRAINY TOYS, LLC Name of Limited Lie	ability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
PAWEL BUDYTKO	
Name of Person	
BRAINY TOYS, LLC	
Firm/Company	_
309 ANTHONY DR	
Address	_
PORT ORANGE, FL 32127	
City/State and Zip Code	_
PAWEL.BODYTKO@GMAIL.COM	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
PAWEL BODYTKO an 386	871-7208
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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\\$25 Filing Fee

INHS18 (2/14)

Tiling Fee (CHECK SENT EARLIER)

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. N	ame of the limited liability company: BRAINY	TUYS	S, LLC			
	309 ANTHONY DR	(b)	200	ANTHONY	DK	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailin	g address of limited lia	bility cor	
	PURT ORANGE, PL 32127		PORT U	RANGE, F	L 3.	2127
		_		-		
	04/21/2021		L2100	0186336		
3.	Date of filing/registration in Florida	4.	Doci	iment number		
5. (a)	UNITED STATES CORPORATION	J Д46	MTS INC.			
J. (u)	Registered Agent and Registered Office shown on the records of the					
	5575 S. SEMORAN BLUD SUITE 36	, orb	ANDO FL	32822		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)				
	SVITE 36			ÄLL	2022	
	ORLANDO .FL	3280	22	AHA	2022 MAY -9	<u> </u>
(b)	PAWEL BODYTKO			SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE		
()	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addre	288:	الله (۱/ ماريا	ž	(-)
	309 ANTHONY DR			1444 1445 1445	PM 1: 51	
	NEW Registered Office Address:					
	PORT ORANGE .FL	3212	.7			
change agent v was/we the art	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limitude of a member or authorized representative of a member	egistered ility comp the limite mited liab	office and the pany, it is here d liability company PAWEL Printe	business office of by confirmed that apany or as otherw BODYTE ed or typed name of signal.	the regithe charise prov	stered nge(s) vided in
provisi the obl to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided felly reflect a change in the registered office address. I here in writing of this change.	rio act in erformand for in Cha reby conf	inis capacity. se of my duties ipter 605, F.S. irm that the lin	i juriner agree 15 , and 1 am familia Or, if this docum nited liability comp	compty with a ent is be oany ha	wun ine nd accept aing filed is been

Signature of Registered Agent