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COVER LETTER

| TO: Registration Division of | Section Corporations | | |
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| SUBJECT: | DONNALL | 4 L of Limited Lia | LC bility Company |
| | , tuno | | , |
| Dear Sir or Madam: | | | |
| The enclosed Regist | ered Agent/Registered Office | e Change and fe | e(s) are submitted for filing. |
| Please return all cor | respondence concerning this | matter to the fo | llowing: |
| | Name of Person | | ly |
| DON | Firm/Company | · | _ |
| | Firm/Company | | |
| | EASY STEE | | _ |
| • | Address | | _ |
| DAYTON | City/State and Zip Code | 7. 321 | 17- |
| | City/State and Zip Code | | |
| Ca | onnally@ | HOL. | Com |
| E-mail addres | s: (to be used for future annu | al report notific | ation) |
| For further informa | tion concerning this matter, p | olease call: | |
| Chad) | ONNAILY | 386 | 3161306 Area Code & Daytime Telephone Number |
| Na | me of Person | _ at (<u>~ ~ ~</u> | Area Code & Daytime Telephone Number |
| Mailing A Registration Division of P.O. Box | ddress: on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed i | s a check for the following | amount: | |
| \$ 25 Fili | ng Fee | □ \$5 | 5 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. Name of the limited liability company: DOWNALLY LLC | |
|--|---------------------|
| 2. (a) CHADUICK DONNALLY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) CHADUICK DONNAL Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | , / |
| GRI EASY STREET G21 EASY I STREET | - |
| DAYTONA BEACH FT. DAYTONA BEACH FT. 32117 BLII | 7- |
| 3. Date of filing/registration in Florida 4. Document number | |
| S (INITED STATES COLD. AGENTS INC | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 474 RIVEOSIOE. Ave. THE SWULLE FL. 32207 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | |
| (b) CHADWICK GRANT DOWNALLY Enter name of NEW Registered Agent and/or NEW Registered Office address: | · - , |
| 621 EASY STREET | |
| NEW Registered Office Address: | |
| DAYTONA. BEACH ,FL 32117 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registere agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company. Signature of a perfect or authorized representative of a member Printed or typed name of signee | in |
| Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change. Signature of Regimented Agent | the |