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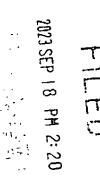
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COVER LETTER

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303		••	COVE	CELLER		
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: Gregory S. Oropeza, Esq. Name of Person Oropeza, Stones & Cardenas, PLLC Firm/Company 221 Simonton Street Address Key West, FL 33040 City/State and Zip Code kwmac88@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Besson Name of Person Area Code & Daytime Telephone is Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:						
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·	Regis Divis P.O. I	stration Section ion of Corporations Box 6327		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Enclo	sed is a check for the followin	g amount:			
□ \$25 Filing Fee & Certified Copy	□ \$25	5 Filing Fee	٥	\$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.

. Na	me of the limited liability company:		
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida	4.	Document number
•	Elizabeth McLaughlin	**	Document number
. (a)	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A		f State:
	9 Jade Drive		
	Key West, FL	33040	
(b)	Elizabeth MacLaughlin	- II	388
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILE I
	NEW Registered Office Address:		— 12:20 — 2:20
	9 Jade Drive	_	20
	Key West, FL	33040	
hange igent v vas/w he are	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of the street of the members of the Malaughtin.	registered offic bility company of the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
ı.	fure of a member or authorized representative of a member		Printed or typed name of signee
provisi he obi o mer t orific	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have reflect as this change.	ee to act in this performance of I for in Chapter iereby confirm i	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
<u>()</u> Siv.3829	Fe16FRCEStered Agent		