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(MM) 2-18-15

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Perfect Birds Name of Lin	, LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
Dr. Bryan J. Drew Name of Person Perfect Birds Firm/Company	
P.O. Box 231 Address	LAHASSEF DE
Hamilton, TX 76531 City/State and Zip Code	AM 9: 41 PLORID
into @ pertect birds. com E-mail address: (to be used for future annual repo	,AT
For further information concerning this matter, please	call:
Bryan Drew Jennifer at (254) 386-5660 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amour	nt:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR L'IMITED 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. Nai	me of the limited liability com	pany: Perfect	& Bir	dsil	(.L.C	- <i>i</i>
	4005 Highwas	- 0	(b)	Pa	Box 2	21
2. (a)	Principal office address of li	nited liability company:	(D)	Maili	ng address of limit	ed liability company:
	(<u>Note: MUST BE ST</u>	REET ADDRESS)		(<u>N</u>	ote: MAY BE PO.	<u>ST OFFICE BOX</u>)
	Jay FL 32	565		tamil	ton, TX	76531
	<i>J</i> ′		·		,	
		· · · · · · · · · · · · · · · · · · ·				
	12/03/200	7	ſΥ	1070	DDD OO	7012
3.	Date of filing/registra	ntion in Florida	4.	Do	cument number	
5. (a)	CT Corpora Registered Agent and Registered Of	tion Syster		at of State:		
	5 (/	D' . Tole	/ D	n, or state.		
	Registered Office Address (MUS	TINE LSIANO STBE FLORIDA STREETA	<u>I I OU</u> IDDRESS)	'a	ž r	20.
	<u></u>				<u> </u>	ू ज े ज
	01 1 1:		022	21/	2×	8 7
	Plantation	, FL	<u>333.</u>	29_	<u>ښَځ.</u> ۲۰۰	
(h.)					[1]	n ≥ m
(b)	Enter name of NEW Registered As	ent and/or NEW Registered	Office address	<u>s</u> :	OR.	9 D
					D'V	4
	NORTHWEST REGIS	TERED AGENT LL	C 			
	NEW Registered Office Address:					
	3030 N. Rocky Point D	Prive, STE 150A				
	Tampa		33607			
		, FL				
If the la	imited liability company is no inge or changes are made, the	t organized under the law Florida street address of	ws of the Sta	ite of Florid ed office ar	la, it is hereby o	onfirmed that after office of the registered
agent v	vill be identical. Or, in the ca ere authorized by an affirmati	se of a Florida limited li	ability comp	any, it is he	ereby confirmed	f that the change(s)
	clas of ganization or the op-					merwise provided in
	The thing	his .		Bruar	inted or typed nam	ew
_	ture of a member or authorized repre			~		
provisi the obt to mer	by accept the appointment as ions of all statutes relative to ligations of my position as regely reflect a change in the regel in writing of this change	registered agent and ag he proper and complete istered agent as provide istered office address, I	ree to act in performanc ed for in Cha hereby confi	this capaci re of my dut pter 605, F irm that the	ty. I further ag ies, and I am fa S. Or, if this a limited liabilit	ree to comply with the miliar with and accept ocument is being filed y company has been
Ciarro	- FRaciatived A	W	Dan Kee	n -	Manager	
Signatu	re of Registered Agent				-	