Florida Department of State Division of Corporations Effectionic Fulfag Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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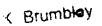
To:			
	Division of Corporations Fax Number : (850)617-6383		
from:	Account Name : REGISTERED AGE	NT SOLUTIONS INC	
	Account Number : I20100000062		
	Phone : (888)705-7274 Fax Number : (888)706-7274		
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TO: Registration Section

Division of Corporations

PERCY CANNON INTERNATIONAL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

·	
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	st Pkwy. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Joshua Murphy	at (888 705-7274 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAHAING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
S25 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.	0.4.5.15.10.5.15.15	TEDALATIO	NIAL LLC			
6042 VIA VENETIA NORTH	CANNON IN 5030					
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DELRAY BEACH, FL 33484		(b) 5030 Champion Blvd Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) STE G11-189				
		a Raton, F	L 33496			
1/11/2010	M100	00000120				
3. Date of filing/registration in Florida	4.	Document nun	nber			
5. (a) BLUMBERGEXCELSIOR CORPORATE S	SERVICES, INC.					
Registered Agent and Registered Office shown on the records 155 Office Plaza Drive, 1st I Registered Office Address (MUST BE FLORIDA STREE	FI.	tate:				
	_{FL} 32301		2022 JUL			
(b) Registered Agent Solutions, Inc.						
Enter name of NEW Registered Agent and/or NEW Registe	red Office address:		-5			
155 Office Plaza Dr.			PH Disk			
NEW Registered Office Address:			. 5 6			
Suite A			.			
Tallahassee	FL_32301					
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of	t of the registered of d liability company, rs of the limited liab	it is hereby confu ithiy company or a	med that the change(s)			
s/ Susan W. Morris	Susan W.	Morris	Authorized Person			
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been made of the change. notified in writing of this change.

Mackenzie Hart, Asst, Secretary Signature of Registered Agent