M15 0000 02624

(Re	equestor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL .				
(Bu	isiness Entity Nar	ne)				
(Do	ocument Number)	<u></u> .				
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
		:				

Office Use Only



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ONVISION OF CONFERNIONS

O SIMMONS
OCT 0 6 2016

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Cosmos One L Name of Lin	LC nited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
James N. HausLein Name of Person							
Firm/Company							
165 South Beach Road							
Hobe Sound FL 33455							
E-mall address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please call:							
Towns M. I. J. S.	D. W. C. 2.04						
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amoun	Enclosed is a check for the following amount:						
□ \$25 Filing Fee	□ \$55 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. Na	me of the limite	ed liability compa	any: <u>Cos</u> v	nes On	e LLC		· · · · · ·	
2. (a)				(b)				
` ,	Principal o	office address of limi te: MUST BE STRE	•			-	ed liability compa ST OFFICE BOX	-
	(62	5 South	Bouch	Rock	145	South	Beach	Roa
	tto	be So	und Fl	33455	Hubi	e Sou	NO FL	3343
		3/18/20		·····		<u>6666 2</u>		
3.	Date of	of filing/registrati	on in Florida	4.	Doc	ument number	•	
(b)	Registered Office 2075 Tallo Tallo Enter name of NE NEW Registered	Address (MUST) Cent A hasse CS M. to W Registered Agen	BE FLORIDA STR	EET ADDRESS) E BLUD FL 323 istered Office address	, Suite 08·78		16 OCT -4 PM 1: 30 DIVISION OF CORPORATIONS	1
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	Hobe	Sounc	1	_, FL	<u> </u>			
the cha agent v was/we the arti Signa I he el provisi the obl to merc notifice	nge or changes vill be identical, and authorized be cles of organizature of a member of the arcept, the arcept	Huha	orida street addressor a Florida limit vote of the member ting agreement of tative of a member	ess of the registered liability compers of the limited liability from the limited liability agree to act in	ered office and apany, it is here ed liability company bility company Print	the business ceby confirmed npany or as of the desired of typed name.	that the change herwise provide of signee	gistered e(s) ed in
		Division of C	Corporations● F FILIN	P.O. Box 6327• NG FEE: \$25.00		FL 32314		