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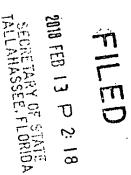
(Requestor's Name)					
(Ad	dress)				
(Address)					
•					
(Cit	y/State/Zip/Phone	e #)			
(0	J. C.	,			
PICK-UP	☐ WAIT	MAIL			
_	l1	_			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
<u></u>					
Special Instructions to	Filing Officer:				





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02/13/18--01017--018 *#25.00



D. SCOTT FEB 1 5 2018

WOLZCORPORATEUSA

36 SOUTH 18TH AVENUE, SUITE D, BRIGHTON, CO 80601

WWW.WOLZCORPORATE.COM

T: 303.655.9659

F: 303.942.7322

MIKE@WOLZCORPORATE.COM

February 6, 2018

Via USPS

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: Change of Agent

To whom it may concern:

Please file the enclosed Change of Agent document(s).

Upon completion, please email or mail evidence to me at the address above.

Please let me know if you have any questions.

Best regards,

Mike Mirrione mike@wolzcorporate.com



COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations			
SUBJEC	SPARKROOM HOLDINGS	LLC		
		ne of Limited I	Liability Company	
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for	filing.
Please re	eturn all correspondence concerning th	nis matter to the	e following:	
Michae	el Mirrione			
	Name of Person			
Wolz C	Corporate USA			
	Firm/Company		<u> </u>	
36 S. 1	8th Ave, Suite D			
	Address			
Brighto	on, CO 80601			
	City/State and Zip Code			TALLARIASSI PEB 13
E-r	mail address: (to be used for future ann	ual report noti	fication)	THE D
For furth	ner information concerning this matter	, please call:		F. 2: 1
Michae	el Mirrione	303	665.9659	€ CO
	Name of Person		Area Code & Daytime	Telephone Number
1 1 (2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
1	Enclosed is a check for the following	g amount:		
Ę	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified	Сору

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	ame of the limited liability company: SPARKROO	M HOL	DINGS LL	.C
2. (a)	4800 140th Ave N, Suite 101	re N, Suite 101 (b) 4800 140th Ave N, Suite 101		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater, FL 33762		Clearwa	ter, FL 33762
		_		
	02/24/2016		M160000	01622
3.	Date of filing/registration in Florida	4 .		Document number
5. (a)	LONG, TOM			
	Registered Agent and Registered Office shown on the records of 601 BAYSHORE BOULEVARD	the Florid	a Dept. of State	- 2:
	Registered Office Address (MUST BE FLORIDA STREET SUITE 700	ADDRES:	<u>s)</u>	•
	TAMPA , FI	33606		As a second
(b)	Universal Registered Agents, Inc.			THE TOP THE TOP THE TABLE TO TH
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			\$ III
	3458 Lakeshore Drive			Fig T O
	NEW Registered Office Address:			2: 18 STATE A
	Tallahassee	32312	2	
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reginability confirms of the linus in	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and aging on the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu:	re of Registered Agent			