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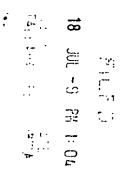
(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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UNE 12 1000 S. PRATHER

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Ulistic, LLC				
		Name of Limited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please 1	return all correspondence concerning th	is matter to the	following:		
Shaur	na Wortinger				
	Name of Person				
Shaur	naCPA Advisory Group, LLC				
	Firm/Company				
P.O. E	Box 8232				
	Address	·			
Sebrir	ng, FL 33872				
	City/State and Zip Code		_		
shaun	a@shaunacpa.com				
E-	-mail address: (to be used for future ann	ual report noti	fication)		
For furt	ther information concerning this matter,	please call:			
Shaun	na Wortinger	863	253-1819		
_	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	amount:			
	☑ \$25 Filing Fee	□ S	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.

I. N	ame of the limited liability company: Ulistic, LLC	
2. (a)		(b)
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7120 Schumacher Road, Ste B	1712 B High Ridge Drive
	Sebring, FL 33872	Sebring, FL 33870
	08/04/2017	M17000006652
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Corporate Creations Network, Inc	
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS) ; = , &
	11380 Prosperity Road #221E	بر. روب سبر م
	Palm Beach Gardens	33410 E E
(b)	ShaunaCPA Advisory Group, LLC	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:
	NEW Registered Office Address:	
	1231 US Hwy 27S	——————————————————————————————————————
	Sebring	_{FL} 33870
the cha agent was/was/was/was/was/was/was/was/was/was/	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. Melissa Crawford Printed or typed name of signee
Lhere.	hy accent the annointment as registered agent and a	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00