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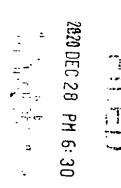
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S. YOUNG

COVER LETTER

INHS18 (2/14)

-	stration Section sion of Corporations					
SUBJECT:	ADMIRAL ENFORCEMENT I	, L.L.C.				
	Name of Limited Liability Company					
Dear Sir or N	vtadam:					
The enclosed	d Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter	to the following:				
M Ol	Ashle .					
Marc Sket						
	Name of Person					
JMH Cor	mpanies Management, LLC					
	Firm/Company					
601 Pov	dras St Sta 1500					
	dras St Ste 1500					
	Address					
New Orle	eans LA 70130					
	City/State and Zip Code					
msketch	nler@jmhcompanies.com					
E-mail	address: (to be used for future annual report	t notification)				
For further i	nformation concerning this matter, please c	ali:				
Marc Sketo	chler at (50)4 , 717-2448				
	Name of Person	Area Code & Daytime Telephone Number				
STR	REET/COURIER ADDRESS:	MAILING ADDRESS:				
_	istration Section	Registration Section				
	sion of Corporations	Division of Corporations				
	on Building LExecutive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
	ahassee, Florida 32301	Talianassee, Florida 32314				
Enc	Enclosed is a check for the following amount:					
2 \$:	25 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.

	ame of the limited liability company: 1122 Gaiennie St		_(b) 601 Роу	dras St			
. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
			Ste 150	0			
	New Orleans LA 70112		New Orle	eans LA 7013	30		
	02/09/2018		M18000	01462			
	Date of filing/registration in Florida	4.		Document nu	mber		
(a)	KULLANDER, ERIC						
(41)	Registered Agent and Registered Office shown on the re	cords of the Flori	da Dept, of State	::			
	3 W GARDEN STREET, STE 517						
	b ' 100° All Allerge per el Abres A es			-			
	Registered Office Address (MUST BE FLORIDA S	<u> (REET ADDRE.</u>	<u>55)</u>				
				<u>.</u>	'	7629 [
(b)					2 : \ 2 : \ 2 : \	2629 DEC 2	
(b)	PENSACOLA	_{. FL} 3250	2			28	
(b)	PENSACOLA Registered Agents Inc.	_{. FL} 3250	2	· -		28 PM	
(b)	PENSACOLA Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Re	_{. FL} 3250	2			28 PH 6:	
(b)	PENSACOLA Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Agent and	_{. FL} 3250	2	· -		28 PM	

the articles of organization of the experiment of the minited hability company.			
	Marc Sketchler		
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 notified in criting of this change.

Bill Havre Assistant Secretary

Signature of Registered Agent