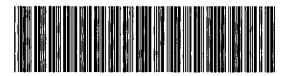
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SECRETARY OF STATE TALLAHASSEF, FLORIDA

FILED

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Prile less Outlaws Corp. Name of Corporation
DOCUMENT NUMBER: P 14 0000 5 010 6
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/Company / Windsor Road West Address
Typer FL 33460 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Linene Grimpe at (561) 234-9898 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.

\$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Price 185 Outlaw 5 Gop	
2. The principal office address: / Windsor Boad West	
Jp140 FL 33460	
3. The mailing address (if different): See above	
4. Date of incorporation/qualification: 6/6/14 Document number: P1400050/0	10
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
resigned	
Pog 5	
JAN 26 LAHASS	•
Yim' 1°13?	2
6. The name and street address of the new registered agent (if changed) and /or registered office	
(if changed): Line ne Grimpe FINITE 28	
Linene Grimpe	
Windsor Road West	
P.O Box NOT acceptable 3341	
<u> </u>	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Grace Tallman Vice Pres. Printed or typed name and title	
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 obligation of my position as registered	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
1119114	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Gary A. Isaccs	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314