L0800068304

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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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S. HAWKES

APR 2 9 2009

EXAMINER

ANDORA HOLDINGS, LLC

21218 St. Andrews Blvd., #417 Boca Raton, FL 33433 (561) 361-1866

April 17, 2009

FL Secretary of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

RE: ANDORA HOLDINGS, LLC Document Number L08000068304

Enclosed please find the executed form to change the address of our registered agent, along with a check in the amount of \$25 to cover the fee.

Please change the principal address and mailing address for Andora Holdings, LLC also. Our new address is as follows:

Andora Holdings, LLC 21218 St. Andrews Blvd., #417 Boca Raton, FL 33433

Thank you for your assistance in this matter.

Very truly yours,

ANDORA HOLDINGS, LLC

Thomas Montoya

President of Eglington Investments, Inc.

Managing Member of Andora Holdings, LLC

- 1. Morty-

/lbc

Encs.

CQVER LETTER

Division of Corporations		
SUBJECT: Andora Holdings, LLC		
(Name	of Limited Liability Company)	
Dear Sir or Madam:		
Dear Sir Or Wadani.		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Thomas Montoya		
(Name of Person)		
Andora Holdings, LLC (Firm/Company)		
(типисопфану)		
21218 St. Andrews Blvd., #417		
(Address)		
Page Pater El 00400		
Boca Raton, FL 33433 (City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Thomas Montoya (Name of Bornon)	at (561) 361-1866	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
☑ \$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 608.416 or 608.508, 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. Name of the limited liability company: Andora Holo	dings, LLC	+
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 21218 St. Andrews Blvd., #4 Boca Raton, FL 33433	17
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	21218 St. Andrews Blvd # Boca Raton, FL 33433	417
07/15/2008 3. Date of filing/registration in Florida	<u>L08000068304</u> 4. Document number	255 9
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D	ept. of State.
Registered Agent:	Thomas Montoya	- SET - 177
Registered Office Address:	101 Plaza Real So., #215 Boca Raton, FL 33432	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addre	ess:
NEW Registered Agent:	Thomas Montoya	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	21218 St. Andrews Blvd., #4	17
MOST DE LEGRIDA STREET ADDRESS	Boca Raton	,FL <u>33433</u>

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Thomas Montoya as Pres. of Eglington Investments, Inc., MGRM (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 608, 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 writing of this change.

(Signature of Rogistered Agent)

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