LIIOOOIIATAS

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300254397683

12/06/13--01024--016 **25.00

2010 DEC -6 AM 8: 47
SECRETARY OF STATES
JACLAHASSEE FLORIDAS

DEC 0 9 5013

COVER LETTER

Division of Corporations		
SUBJECT: Eden Earth Works, LCC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Helly Payve Name of Person		
Eden Earth Works, CCC Firm/Company		
8252 West State Road 84	2013 DEC -	Carried A
Davie FL 33324 City/State and Zip Code	-6 AM 8:	
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	8: 47	ىدى ئىرىمى <u>.</u>
For further information concerning this matter, please call:		

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

TO:

Registration Section

□ \$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: Eden 8	Earth Works, LCC			
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	2000 PL 33324			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2052 West State Road 84 Davie, FL 33324			
3. Date of filing/registration in Florida	L11000119728 4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Michael Black			
Registered Office Address:	761 Fait way Drive Plantation, Fl. 33317			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	- SS 6			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8252 West State Road 80 Davic, FC 3332 4 8			
If the limited liability company is not organized under the land that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. 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 a	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, If S. Or if this document is being filed to me address, I hereby confirm that the limited liability company	oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.			

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