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COVER LETTER

TO:	Registration Section Division of Corporations				
CIIDI	ASSA "LLC"				
SUBJ		T:Name of Limited Liability Company			
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	fice Char	nge and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning the	nis matter	to the fo	ollowing:	
	Angel E. Suarez				
	Name of Person		· · · · · · · · · · · · · · · · · · ·		
	ASSA "LLC"				
	Firm/Company				
	5101 Collins Ave. 11L				
	Address			_	
	Miami Beach, FL 33140	I			
	City/State and Zip Code				
	angel-suarez@hotmail.co	m			
1	E-mail address: (to be used for future and	nual repo	rt notific	eation)	
For fu	rther information concerning this matter	, please o	all:		
	Angel E. Suarez	at (786	797 6248	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	HLING ADDRESS:	
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tails	ahassee, Florida 32314	
	Enclosed is a check for the following	g amoun	t:		
	2 \$25 Filing Fee		\$55	Filing Fee & Certified Copy	
INHS1	8 (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.

1. N	lame of the limited liability company:	SA "LLC"	
2. (a)	5101 Collins Ave 111	(b)	5101 Collins Ave. 11L
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach, FL 33140		Miami Beach, FL 33140
	04/16/2014		L14000062717
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Suarez, Angel E		
•	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:
			No. of the section of
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)	
	5101 Collins Ave, 11L		
	Miami Beach , FI	33140	<u></u>
	Anahi Alvarez		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	
			<u> </u>
	NEW Registered Office Address:		
	5101 Collins AVe, 11L		
	Miami Beach , FI	33140	५ हि
sign I hera provis the obtainments of the metal notifies	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the ease of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the angue of a member or amhorized representative of a member of a decept the appointment as registered agent and agricultures of all statutes relative to the proper and complete aligations of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change	f the registerer ability compared the limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signee this canacity. I further caree to comply with the
Signar	are of Peauliferent Property		