- LIGODO138356

(Requestor's Name)				
` '	,			
(Address)				
(Address)				
(Citylet	-t- /7: /Db	- 40		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EFFI, LLC		
Nam	e of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the	e following:
CAROLINE BORRAS		
Name of Person		4
EFFI, LLC		
Firm/Company		
2578 CLARK ST STE #5		
Address		
APOPKA, FL 32703		
City/State and Zip Code		
caroline@centomoving.com		
E-mail address: (to be used for future ann	ual report not	ification)
For further information concerning this matter,	please call:	
Caroline Borras	407	497 9606
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	1	fallahassee, Florida 32314
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (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. Na	me of the limited liability company: EFFI, LLC				
2. (a)	2578 CLARK ST STE #5	(b) 2578 C	(b) 2578 CLARK ST STE #5		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	APOPKA, FL	APOPK	A, FL		
	32703	32703			
	07/22/2016	L160001	38356		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MOLINA-ROQUE, CAROLINE				
J. (u)	Registered Agent and Registered Office shown on the records of 2478 CLARK ST	the Florida Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET) STE #5	ADDRESS)	_		
	APOPKA ,FL	32703			
(b)	ARBOLEA-BORRAS, CAROLINE				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	- 着 t m		
	2578 CLARK ST		A 9 31		
	NEW Registered Office Address:				
	STE #5				
	APOPKA , FL	32703	· -		
the cha agent v was/we the arti Signat I herei provisi the obl to mere	imited liability company is not organized under the lawnge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ware of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	the registered office ability company, it is of the limited liability con limited liability con and limited liability con archive.	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Molima Mague Printed or typed name of signee		