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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SFA & ASSOCIATES, LLC (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:				
Mohamad Fazeli (Name of Person)				
SFA & ASSOCIATES, LLC (Firm/Company)  3581 GATLIN DRIVE (Address)				
Rock LEDGE FL. 32955 (City/State and Zip Code)				
For further information concerning this matter, please call:  Mohamad Fazeli at (321) 205 6988  (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 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. The name of the limited liability company is: SFA & ASSOCIATES	5	·
2. The mailing address of the limited liability company is: 3581 GATLIN	) <u>D</u>	RIVE
ROCKLEDGE FL 32955		
	8	
3. Date of filing/registration in Florida 4. Document number	-	
5. The name of the registered agent and the registered office address as shown on the recor Florida Department of State:	ds of t	he
MOHAMAD FAZELI Name		
3275 SIDEWHEEL DRIVE Address		_
Rockledge F-L. 3 2955 City, State and Zip	07	SEC
6. The name and address of the new registered agent and/or office:	07 JUN -	ON O
<u> </u>		
3 MOHAMAD FAZELI	말	글흑등
Name  3581 GATLIN DRIVE  Florida street address (P.O. Box NOT acceptable)	3: 06	
ROCKLEDGE, FL 32955 City, State and Zip	•	7
City, Gate and Zip		

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)

MoHAMAD FAZEU

(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 Registered Agent)

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