The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title     MGR
Name      SAMUEL, JAN-ERIC
Address   43 SOUTH POMANO PKWY PMB 112

City-State-Zip: POMPANO BEACH FL  33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAN-ERIC SAMUEL MANAGEMENT 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date