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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations										
~1	n om	EB A	irfoils, LI	.c							
SUBJ	BJECT:										
Dear S	Sir or Madam:										
The er	nclosed Registered Agent/Registered O	ffice Cha	ange and	fee(s) are submitted for filing.							
	return all correspondence concerning t		-	-							
				,							
	Miguel A. Maspons										
	Name of Person	-									
	Maspons Advisory Services										
	Firm/Company										
	2333 Ponce De Leon Blvd., Suite 31	.4									
	Address			<u> </u>							
	Coral Gables, Florida 33134			ŗ							
	City/State and Zip Code			_							
	mas@mascorpserv.com										
Ī	E-mail address: (to be used for future ar	nual rep	ort notif	ication)							
For fu	rther information concerning this matte	r. please	call:								
	Vanessa M. Collazo		786	539-1430							
_	Name of Person	at (Area Code & Daytime Telephone Number							
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Enclosed is a check for the followin	g amou	nt:								
	■ \$25 Filing Fee		□ \$.	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 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: EB Ai	rfoils, LL —	.C			
2.	(a)		(t)			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limite (Note: MAY BE POS	d liability company;
		3591 S.W. DEGGELLER COURT			3591 S.W.	DEGGELLER COUF	C T
		PALM CITY, FL 34990	_		PALM CIT	TY, FL 34990	
		05/23/2000				L00000005909	
3.		Date of filing/registration in Florida	4.			Document number	
5	(a)						
J.	(4)	Registered Agent and Registered Office shown on the records of	Pept, of State	- ::			
		MAS Corporate Services, LLC					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u></u>		-	
		2333 Ponce De Leon Blvd., Suite 314					202
		Coral Gables	33134			-	J /
		F1.	33134				₹3 13
71.	/L.\						
1	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	:
							=
							90
		<u>NEW</u> Registered Office Address:					
		232 Andalusia Avenue, Suite 200					
		Coral Gables	33134				
cha age was	inge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed om tite	office and pany, it is ed liability bility com	I the business office hereby confirmed to company or as other pany.	of the registered hat the change(s) erwise provided in
	ignat	ure of a member or authorized representative of a member			wingue	Printed or typed name of	<u> </u>
I h pro the to n not	ereb visio obli nere ifica	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of this change.	ee to act performa I for in C iereby ca	ir gn Th	i this capa ce of my d apter 605, firm that ti	eitv. I furthur aara	e to comply with the