Division of Comorations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE DFASS INTERNATIONAL VENTURES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

NOV 25 2013

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	ame of the limited liability company: DFASS INTE	RNAT	ONAL VI	ENTURES, LLC	
2. (a)	555 NE 185 STREET		(b) 555 NE 185 STREET		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-, <u></u> -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 101		SUITE	101	
	MIAMI, FL 33179	_	міамі,	FL 33179	
	04/11/2005		L050000	035161	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	M&M RA Services, LLC				
	Registered Agent and Registered Office shown on the records of 3001 SW Third Avenue	the Florid	a Dept. of Ste	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Miami, FL	33129) 	- W 22	
(b)	Corporate Creations Network Inc.				
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office n	ldress:		
	11380 Prosperity Farms Road #221E			\$ 5	
	NEW Registered Office Address:			_	
	Palm Beach Gardens .FL	33410)	·-	
inc ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his fre antiforized by an affirmative vote of the members of itself of organization or the operating agreement of the	the regi ability c	istered offic ompany, it nited liabili	is hereby confirmed that the change(s)	
- Sind		Kri	stine Dur	an, Attorney-in-Fact	
I here provis the ob to mer	ald of e-nember summirzed representative of a member by seccept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete figations of my position as registered agent as provided ely reflect a shange in the registered office address, I i add writing offices change.			Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signat	Kristine Duran, Spe	cial Se	cretary		
	Division of Corporations P.O. E	30x 632°	7• Tallaha	ssee, FL 32314	