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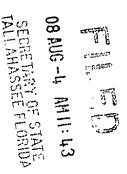
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EAI ONE 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:				
Max Wolgicer (Name of Person)				
ISG Inc. (Firm/Company)				
7E 86 Street, Suite 20				
New York, NY 10028 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Max Dolgicer at 917 4558531 (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
□ \$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 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. Name of the limited liability	company: <u>EA</u>	ONE LLC	
2. (a) Principal office address of (Note: MUST BE STR.	of limited liability compar EET ADDRESS	New 40107	<u>let, Sui</u> de 2532
(b) Mailing address of limite (Note: MAY BE POST)	d liability company: <i>OFFICE BOX</i>)	250 W 57 84re New York NY 10107	et, Swife 2532
		L0500003602	23
3. Date of filing/registration in I	·lorida	4. Document number	
5. (a) Registered Agent and Re	egistered Office shown or	the records of the Florida Dept.	of State:
Registered Agent:		toolgicer Oli	ax
Registered Office Addres	ss:	19171 Collins (Sunny Isles (Jv. Suitt 3205
(b) Enter name of NEW Reg NEW Registered Agent: NEW Registered Office (MUST BE FLORIDA S	Address:	W Registered Office address: We registered Office address: Clo Ganiel W 201 Southeast	bbin 15th Terrace,
If the limited liability company is that after the change or changes office of the registered agent will hereby confirmed that the changliability company or as otherwise limited liability company. (Signature of a member of authorized representation)	arc made, the Florida stre I be identical. Or, in the e(s) was/were authorized e provided in the articles sentative of a member)	et address of the registered office case of a Florida limited liability by an affirmative vote of the me of organization or the operating a	e and the business company, it is mbers of the limited
(Printed or typed name of signor)	Jun / MAX Do	Egicer	
I hereby accept the appointment comply with the provisions of all am familiar with and accept the F.S. Or, if this document is being confirm that the limited liability	stautes relative to the problem is to the problem is a position of my position is the problem in the problem in the problem in the problem is the problem in	roper and complete performance 1 as registered agent as proyided change in the registered office a	urther agree to
(Signature of Registered Rent) Division of	Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314	
		· ,	

FILING FEE: \$25.00