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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE BIVISION OF CORPORATIONS

07 JUL 23 PM 3: 36

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--------------|---|---|
| SUBJECT: EG Design & Development (Name of L | | ability Company) | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered O | office Chan | nge and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter | r to the following: | |
| | | | |
| Estefania Grandio | | | |
| (Name of Person) | | | · |
| | | | 97 NSE |
| EG Design & Developemnt LLC | | | |
| (Firm/Company) | • | | 23 |
| 1627 NE 7th Street | | | NISION OF CORPORATIONS OF JUL 23 PM 3: 36 |
| (Address) | | | 3. 7 |
| | | | 36 36 |
| Fort Lauderdale, FL 33304 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter | er, please c | call: | |
| Estefania Grandio | at (_954 | 779-3568 | |
| (Name of Person) | | (Area Code & Daytime Telephone | Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | F I F | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the followin | g amount: | t: | |
| ✓ \$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. The name of the lim | ited liability company is: | EG Design & Development LLC | · · · · · · · · · · · · · · · · · · · | |
|--|---|--|--|--|
| 2. The mailing address | of the limited liability co | ompany is : 1627 NE 7th Stree | t, Fort Lauderdale, FL 33304 | |
| 11/07/2006 | | L06000107769 | | |
| 3. Date of filing/registration in Florida | | 4. Document nu | 4. Document number | |
| 5. The name of the registration of the registr | | stered office address as shown | on the records of the | |
| | Jose Antonio Gran | dio | | |
| | | Name | e suur | |
| 828 NE 17th Way - Ste | | Ste.# 1 | _ 97 | |
| | | Address | JU SECR | |
| | Fort Lauderdale, FL | | SECRETARY SECRETARY OF CO OF JUL 23 | |
| | City, | State and Zip | 3 CANE | |
| The name and address | s of the new registered a | gent and/or office: | PH DRPO | |
| | Estefania Grandio | , | OR A | |
| | | Name | STATE OH 3: 37 | |
| | 1627 NE 7th Street | Name | 7 75 | |
| | Florida street addres | s (P.O. Box NOT acceptable) | | |
| | Fort Lauderdale | FL 33304 | | |
| | City, S | State and Zip | | |
| confirmed that after the and the business office liability company, it is lof the members of the lor the operating agreem | change or changes are not the registered agent whereby confirmed that the limited liability company ent of the limited liability. | | s of the registered office e of a Florida limited ted by an affirmative vote | |
| (Signature of a member or auth | norized representative of a memb | er) | | |
| Estefania Grandio | | | | |
| (Printed or typed name of sign | ee) | | | |
| I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, address, I hereby confli | | gent and agree to act in this of e to the proper and complete is of my position as registered filed to merely reflect a chang ty company has been notified | capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change. | |
| LODZIBILICANI KESASTETEN AGEN | 1.3 | | | |

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