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COVER LETTER

TO: Registration Division of			
SÙBJECT:		率いらら of Limited Li	LLC ability Company)
Dear Sir or Madam	:		
The enclosed Regis	tered Agent/Registered	d Office Cha	nge and fee(s) are submitted for filing.
Please return all con	respondence concerni	ng this matte	er to the following:
	(Name of Person)	ens.	
COSA	(Firm/Company)	4	·
325 5 /	Sescounte Bu	LUD A	PPT 1423
MIONE	FL 3363 (City/State and Zip Code)	3/	
For further informa	tion concerning this m	atter, please	call:
Jason Si (Nan	れいいしょう ne of Person)	at (<u></u> ∂	(Area Code & Daytime Telephone Number)
Registration : Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for the follow	wing amoun	t:
∑\\$25 Filin	g 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	A HOLDINGS LLC.
2. The mailing address of the limited liability company is:	305 S BISCAYNIE BLUD ATT. 1423
	MIANI, FL 33/31
4/25/2007	L07000044402
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Sason Sacon	
Name 335 S: BISCAYNE Address MEANT, FL 3315 City, State and 2	BLUD 1723
6. The name and address of the new registered agent and/or	office: SEC 2007
Name 335 S BISCAYNE BC Florida street address (P.O. Box MIANI FL City, State and Zi	NOT acceptable) NOT acceptable
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
(Signature of a member of authorized representative of a member)	-
JASON Drunnong	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my pochapter 608, F.8. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
(Signature of Registured Agort)	
Division of Corporations, P.O. Box 63	27. Tallahassee. FL 32314

FILING FEE: \$25.00

√NHS18 (8/05)