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COVER LETTER ·

TO: Registration Section Division of Corporations
SUBJECT: The Van Eaton Group 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:
Adam Van Esto (Name of Person)
The Van Estan Grouple PER 3
The Van Coton Grouple (Firm/Company) ALLAHASSE ALLAH
1194 Hillsbara Mile #10
(Firm/Company) 1/94 Hills boro Mile #10 (Address) Hills boro Beach, FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
Adam Um Ector at (561) 756 7377 (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 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 & 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.

	ay 1 to , ,	2 () V	
1. The name of the lim	ited liability company is:	he Van C	ston Group (l
2. The mailing address	of the limited liability company	is: <u>1194 H</u>	1/sbor Mile #
HIVs born Bea	ch, FC 37062		•
5/18/07		L 070	00053754
3. Date of filing/regist	ration in Florida	4. Document	number
Florida Department	Stered agent and the registered of State: Advan Van Canna Name 13 E. Canna Addres Baca Rada Para City, State a ss of the new registered agent an	Cewl # 209 ss - 33432 und Zip	
o. The name and addre	Alom Van Ear Name 1194 Hillshor Florida street address (P.O. Hillshoro Beach City, State an	Box NOT acceptable	. >
confirmed that after the and the business office liability company, it is of the members of the or the operating agreent (Signature of a member or aut	ompany is not organized under the change or changes are made, the of the registered agent will be in the hereby confirmed that the change limited liability company or as of the limited liability company or the limited liability company or as of the limited liability company. The confirmed that the change limited liability company or as of the limited liability company.	ie Florida street addre	ess of the registered office
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered agent an ions of all statutes relative to the and accept the obligations of my if this document is being filed to rm that the limited liability com	nd agree to act in this proper and complet position as register merely reflect a cha pany has been notifie	capacity. I further agree e performance of my duties ed agent as provided for in nge in the registered office d in writing of this change.

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

(Signature of Registered Agent)