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12 MAY II PM 3: IL SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	;	**			
EMP EAC 8	Associates	e I I C			
SUBJECT: EAG 8 Name of Limit					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submi	tted for filing.		
Please return all correspondence concerning this	matter to the f	ollowing:			
÷			•		
Alessandro Ciaccio Name of Person					
EAG & Associates LLC					
Firm/Company		·			
		•			
6819 Turnberry Isle Ct Address					
Address					
Bradenton, Fl.34202					
City/State and Zip Code		•			
			•		
alex@eag-financial.com E-mail address: (to be used for future annual report notific	ution)		•		
For further information concerning this matter, p	lease can:				
Alex Ciaccio át	941)	907-	0988		
Name of Person	\	Code & Daytime Tele			
STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:			
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle		. 03 <i>21</i> see, Florida 3231	1		
Tallahassee, Florida 32301	i arianass	.13, 110; 144 0201	•		
Enclosed is a check for the following an	nount:				
\$25 Filing Fee		ing Fee & Certi	fied Copy		
<u> </u>	LJ *** · "		PJ		

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:	EAG	EAG & Associates LLC			
2. (a) Principal office address of limited liability co	mpany:	6819	Turnberry Isle C	<u>:t</u>	
(Note: MUST BE STREET ADDRESS)	Brac	lenton, Fl.3420	2		
(b) Mailing address of limited liability company:		Same			
(Note: MAY BE POST OFFICE BOX)					
12/20/2007			0087953		
3. Date of filing/registration in Florida	4. Do	cument number			
5. (a) Registered Agent and Registered Office show	vn on the rec	ords of the Flori	da Dept. of State	:	
Registered Agent:	Ales	Alessandro Ciaccio			
Registered Office Address:		6819 Turnberry Isle Ct Bradenton, Fl.34202			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:		NA 6371 Business Blvd Suite 200			
MUST BE FLORIDA STREET ADDRESS		ısota	,FL 342 4	10	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the character of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the character of a member or authorized representative of a member ALESSAM CHACCE Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of the limited liability confirmation in the limited liability confirmation of the limited liability confirmation in the lim	er the laws of the Florida e identical. (inge(s) was/v s otherwise p impany.	f the State of Flo street address of Or, in the case of were authorized be provided in the ar	orida, it is hereby the registered off a Florida limited by an affirmative rticles of organiza SECKETARY OF	fice l vote ation	
Signature of Registered Agent					

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