## L08000009992

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T. HAMPTON

APR 2 1 2009

**EXAMINER** 

## **COVER LETTER**

**TO:** Registration Section

Division of Corporations			
SUBJECT:			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
LESLIE MAZI (Name of Person)	EOKA		
LADEEM, LLC (Firm/Company)			
1750 BEN FRANKLIN DR #10F			
(Address)			
SARASOTA, FL 34236			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
LESUE MAZIETKA at (941) 388-1940 (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	☐ \$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:	EEM, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	NY: 1750 BEN FYANKLINDR 10F SARASOTA FL 34230
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SDME AS ABOVE
3. Date of filing/registration in Florida 28 JAN 2008	4. Document number L08000009992
5. (a) Registered Agent and Registered Office shown of	•
Registered Agent: LESUE MAZ	IEU KA
Registered Office Address: 19 N. PSUD SAVD SOT	OF THE PRESIDENTS #180 A FL 34236
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:
	SLIE MAZIEJKA
(MUSI BE FLURIDA SI KEEI ADDRESS)	750 BEN FRANKLIN DR 10F SAVASOTA FL 34236
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company	e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company it is by an affirmative vote of the members of the limited of organization or the operating agreement the
(8ignature of a member or authorized representative of a member)	D STA PORA

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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