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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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4 4	COVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: 3055	e of Limited Liability Company)	-	
(or 2 miles Blacking Company)		
Dear Sir or Madam:	•		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please return all correspondence concernir	ng this matter to the following:		
Umail Decom			
Hillel L. Presser (Name of Person)	<u> </u>	_	
		200 Z	
Presser Law Firm		强 2	
(Firm/Company)		製工	
		Ma B	
401 E. Las Olas Blvd., Suite 1400	<u> </u>	77 ST	
(Address)			
Fort Lauderdale, FL 33301			
(City/State and Zip Code)			
For further information concerning this ma	atter, please call:		
Hillel Presser	at (561) 703-1839		
(Name of Person)	(Area Code & Daytime Telephone Number)	•	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	1 astasia 300, 1 10 102 32314		

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to chain the State of Florida.	08, Florida Statutes, the undersigned limited liability inge its registered office or registered agent, or both,
1. Name of the limited liability company:	ss cont LCC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 19340 SW 54th St. Miramar, FL 33029
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	401 E. Las olas Blud. Stellyon Fort janderdals Fl 33301
5/30/08	L080000 53722
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Hillel Presser
Registered Office Address:	313 NE 2nd St. #505 Fort Lauderdale, FL 33301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Presser Law Firm
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale m,FL 33301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office 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.	et address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a shember of authorized representative of a member) A Scute Cumue	福 三 三
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to some roper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608, change in the registered office address, I hereby
(Signature of Registered Agent)	ed in writing of this change.

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