10900049134

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	tus			
Special Instructions to Filing Officer:				

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D. BRUCE FEB 0 9 2012 EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corp								
SUB	JECT:	Aw Name of		om Ho I Liabili					
Dear	Sir or Madam:								
The e	nclosed Registered	Agent/Registered	Office (Change	and fee	(s) are submitted	d for filing.		
Pleas	e return all correspo	ondence concerning	g this m	atter to	the follo	owing:			
		tie Thurman			_				
		dentAgent, Inc. m/Company			-		***		
		e Boulevard, Suite Address	e 1201		_			12 FEB -8	740
		geles, CA 90025 ate and Zip Code			_			EB -8 PH 12: 20	70.
E	eteam E-mail address: (to be use	@eminutes.com I for future annual report	notification	on)	_		DA C	Š	
For fi	urther information of	concerning this mat	ter, ple	ase call:					
	Katie Thu Name of Per		at (310	_) Area Code	820-1000 e & Daytime Telepho			
	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Con Tallahassee, Floric	n ations nter Circle	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a ch	eck for the followi	ng amo	ount:					
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy						

INHS18 (5/08)

TO:

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.

Name of the limited liability company:	Away From Home, LLC
2. (a) Principal office address of limited liability company	50 Biscayne Blvd., Apt 1801
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131
(b) Mailing address of limited liability company:	10960 Wilshire Boulevard, 5th Flr.
(Note: MAY BE POST OFFICE BOX)	Los Angeles, CA 90024
05/20/2009	L0900049134
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:	National Corporate Research, LTD., Inc.
Registered Office Address:	155 Office Plaza Drive Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	eResidentAgent, Inc. 236 E. 6th Avenue Tallahassee ,FL 32303
If the limited liability company is not organized under the 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. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Katie Thurman 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 providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per 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.

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