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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Section Division of Corporations			
	Division of Corporations			
SHRII	FCT: DASAT	a inve	ESTMENTS LLC.	
Name of Limited Liability Company				
			• •	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Of	ffice Ch	ange and fee(s) are submitted for filing.	
Please	return all correspondence concerning t	his matt	er to the following:	
ORNA MIRON				
	Name of Person		·	
	DASATA INVESTMENTS LLC	<u> </u>		
	Firm/Company			
1881 N. UNIVERSITY DRIVE SUITE 102				
Address				
	CORAL SPRINGS, FL 3307	1		
	City/State and Zip Code			
ornamiron@gmail.com E-mail address: (to be used for future annual report notification)				
i:-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	•			
	ORNA MIRON	at (954) 868-0920	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
Enclosed is a check for the following amount:				
	\$25 Filing Fee	Γ	\$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.

Name of the limited liability company:	DASATA INVESTMENTS LLC.
2. (a) Principal office address of limited liability comp	pany: 10211 WEST SAMPLE RD
(Note: MUST BE STREET ADDRESS)	SUITE 216 CORAL SPRINGS, FL 33065
(b) Mailing address of limited liability company:	10211 WEST SAMPLE RD
(Note: MAY BE POST OFFICE BOX)	SUITE 216 CORAL SPRINGS, FL 33065
09/08/2009	L0900086641
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:	ARIE GUR
Registered Office Address:	1881 N. UNIVERSITY DRIVE SUITE 102 CORAL SPRINGS, FL 33071
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1881 N. UNIVERSITY DRIVE SUITE 102 CORAL SPRINGS ,FL 33071
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited are seen and a firmative vote.
Signature of a member or authorized representative of a member	
ORNA MIRON Printed or typed name of signee	
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

Signature of Registered Agent