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(Reque	estor's Name)			
(Addre	ess)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				



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SECRETARY OF STATE

Office Use Only

A. LUNT

MAY 2 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Europear	n & Ar	<u>neric</u>	an V	enture	e LLC.			
	Name of	Limited	l Liab	ility C	ompany	У			
Dear Sir or Madam:									
The enclosed Registe	red Agent/Registered	Office (Chang	e and t	fee(s) a	re submitte	ed for fili	ng.	
Please return all corre	espondence concerning	g this m	atter t	o the f	followir	ng:			
						•	;;;		20
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	Andras Bedo						₽	7	X
	Name of Person						14 14 3	E.	2010 MAY 24
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European	& American Venture	LLC.	=				į.,	100	PH
	Firm/Company	·					<u> </u>	1.5	Ņ
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44	160 NW 19th Way						•		
	Address								
Oakl	and Park, FL 33309								
	ty/State and Zip Code								
Cal	.y/outc and hip code								
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andra andra	asbedo@yahoo.com used for future annual report								
E-mail address: (to be	used for future annual report	nouncauc)n j						
For further information	on concerning this mat	ter ple:	ase cal	11.					
	,	, p							
	as Bedo	at (_	<u>718</u>)_		614-9			
Name of	Person			Area C	Code & Da	sytime Teleph	one Number	•	
CTDEET/COL	JRIER ADDRESS:		R.F	ATT TN	iG ADD	DECC.			
Registration Se					ion Sect				
Division of Cor						orations			
Clifton Buildin				O. Box	•	Viations			
2661 Executive			-			ida 32314			
Tallahassee, Flo			200		, , , , , , ,	100 00011			
Enclosed is a	check for the followi	ng amo	ount:						
\$25 Filing	Fee		7 s	55 Fili	ing Fee	& Certific	ed Copy		
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INHS18 (5/08)

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:Eur	opean & American Venture LLC.					
2. (a) Principal office address of limited liability compa	any: 4460 NW 19th Way					
(Note: MUST BE STREET ADDRESS)	Oakland Park, FL 33309-4555					
(b) Mailing address of limited liability company:	4460 NW 19th Way					
(Note: MAY BE POST OFFICE BOX)	Oakland Park, FL 33309-4555					
05-21-2010						
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown						
Registered Agent:	Andras Bedo					
Registered Office Address:	2184 Imperial Point Dr. 25 F					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address					
NEW Registered Agent:						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4460 NW 19th Way					
	Oakland Park ,FL 33309					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he laws of the State of Florida, it is hereby to Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.					
Andras Bedo						
Printed or typed name of signee						
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.					
Signature of Registered Agent Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314					
· without of corbations (140) box						

FILING FEE: \$25.00

INHS18 (05/08)