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	•
(R	equestor's Name)
(A	ddress)
(A	ddress)
	•
. (C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· .	
(B	Susiness Entity Name)
(D	Occument Number)
: Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	A. LUNT
	JUL <b>2 1</b> 2010
<b>,</b> \	VARRINIED



07/19/10--01018--012 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: 88HOLDINGS Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	1
Samuel Oshana Name of Person	SECRETALLAHA
88HOLDINGS LLC	ARY ASSE
	#1308 FIGRIE
Miami Beach FL 3 City/State and Zip Code	3139
Samuloshana a hotm E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter,	please call:
Samuel Oshana a	1 (786) 218 4(eS)  Area Code & Daytim: 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 : 2314
Enclosed is a check for the following a	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	DINGS LLC
2. (a) Principal office address of limited liability company	•
(Note: MUST BE STREET ADDRESS)	1602 Alton Rd # 308 Miami Beach, FL 33139
	Miami Beach, FL 33139
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
06/07/10	11 110000 (0626
	<u>L10000060626</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Samuel Oshana
Registered Office Address:	208 Jefferson Ace
	# 107 Migmi Beach FL 33/39
	The state of the s
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered ()ffice address:
NEW Registered Agent:	Samuel Oshana
NEW Registered Office Address:	1402 Alton Road
(MUST BE FLORIDA STREET ADDRESS)	#308 Miami Beach ,FL 33139
If the limited liability company is not organized under the leanter that after the change or changes are made, the Fl and the business office of the registered agent will be identified 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	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited
of the members of the limited liability company or as other	was/were authorized by an affirmative vote wise provided in the articles of organization
or the operating agreement of the limited liability company	AART AAA
Signature of a member or authorized representative of a member	- SSE
Sand Odean	7
Printed or typed name of signee	CORN.
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the production and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, it have by confirm that the limited liability company	gree to act in this capacity. If finther agree to sper 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.
Signature of Registered Agent	

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