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S. WARREN AUG 2 9 2017

## COVER LETTER

Division of Corporations						
SUBJECT: ELECTRONIC DEALER LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
FERNANDO F. CAROLI						
Name of Person	<del></del> _					
ELECTRONIC DEALER LLC						
Firm/Company						
3440 W 84th STREET #109						
Address	<del></del>					
HIALEAH GARDENS, FL 33018						
City/State and Zip Code						
INFO@FCGROUP.COM.AR						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, pleas	e call:					
MARICE ARIAS	305 934-2775					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$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 605.0114 or 605.0116, 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.	Na	me of the limited liability company:	DEAL	LER LLC		
2	(a)	3440 W 84th STREET #109	(b) 3440 W 84th STREET #109			
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing addr	ress of limited liability company: AY BE POST OFFICE BOX)	
		HIALEAH GARDENS, FL 33018	_	HIALEAH GARD	DENS, FL 33018	
		06/10/2011	<del></del>	L11000068308		
3.		Date of filing/registration in Florida	4.	Documer	nt number	
5.	(a)	ABRAMOWICZ, FERNANDO				
	(/	Registered Agent and Registered Office shown on the records of t	he Florida	Dopt. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		3440 W 84th STREET #109		17		
		HIALEAH GARDENS . FL	33018		NUG 2	
	(b) CAROLI, FERNANDO F.  Enter name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Company)				25 MHH:	
				lice address:		
		NEW Registered Office Address:		•		
			•			
		, FL,				
the age	cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of closof organization or the operating agreement of the	the reginability confirmation that the limited in t	stered office and the lompany, it is hereby conted liability company	business office of the registered confirmed that the change(s)	
		FRNANDET PRAMORIES	FE	RNANDO ABRAM	<u></u>	
	-	tury of a member or authorized representative of a member	ve of a member		typed name of signee	
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have writing of this change.	ee to act perform I for in ( nereby c	t in this capacity. I fu ance of my duties, an Chapter 605, F.S. Or onfirm that the limited	irther agree to comply with the d I am familiar with and accept, if this document is being filed d liability company has been	
Si	gnatu	TERAPANO CAROLI " re of Registered Agent				

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