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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: EV. Shine, 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:	
Emese Varosi		3
Name of Person	<del></del>	JSEP
E.V. Shine, LLC		16 PH
Firm/Company	<del></del>	င်း
2519 McMullen Booth Rd. Suite 510 - 18	6	00
Address		
Clearwater, FL 33761		
City/State and Zip Code		
emesevarosi@gmail.com		
E-mail address: (to be used for future annual report notification	)	
For further information concerning this matter, pleas	e cali:	
Emese Varosi	27 、657-5131	
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i analiassee, Pivilla 32314	
Enclosed is a check for the following amou	nt•	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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.

3		
1. Name of the limited liability company: EV. Shine, LLC		
2. (a) Principal office address of limited liability comp	Sanste 2519 McMullen Booth Rd	
(Note: MUST BE STREET ADDRESS)	Suite 510 - 186	
	Clearwater FL 33761	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2519 McMullen Booth Rd.	
	Suite 510 - 186	
	Clearwater FL 33761	
02/16/2012	L2000022944	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown Registered Agent:	on the records of the Florida l	Dept. of State: JALLAH
<b>5</b>		6 SA
Registered Office Address:	2201 West Bay Drive	
	Apt. 1	
	Largo, FL 33770	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office add	ress:
NEW Registered Agent:	ETTIESE VEIOSI	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2519 McMullen Booth Rd.	
	Suite 510 - 186	
	Clearwater	,FL_33761
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 in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company or as other limited liability or liab	ne Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a prwise provided in the articles	registered office lorida limited
Signature of a member or authorized representative of a member		
Emese Varosi Printed or typed name of signee	<del></del>	
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	nd agree to act in this capacity e proper and complete perform y position as registered agent o merely reflect a change in the pany has been notified in writ	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.

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

Signature of Registered Agent