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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Reques	stor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: O.N.P PROPERTIES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elad Itay

Name of Person

O.N.P PROPERTIES LLC

Firm/Company

400 Kings Point Drive #104

Address

Sunny Isles Beach FL 33160

City/State and Zip Code

eladitay@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elad Itay

...646

8125669

Name of Person

Area Code & Daytime 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 32314

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 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: O.N.P PROPER	RTIES LLC
2. (a) Principal office address of limited liability con	npany; 400 Kings Point Drive #104
(Note: MUST BE STREET ADDRESS)	Sunny Isles Beach, Ft., 33160
(b) Mailing address of limited liability company:	400 Kings Point Drive #104
(Note: MAY BE POST OFFICE BOX)	Sunny Isles Beach, FL, 33160
10/3/2012	L12000126060
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Elad ttay
Registered Office Address:	400 Kings Point Drive #1230
Registered Office Address.	Sunny Isles Beach, FL, 33160
	() - C
	£1-<
(b) Enter name of <u>NEW Registered Agent</u> and/or	
NEW Registered Agent:	327
NEW Registered Office Address:	400 Kings Point Drive #104
MUST BE FLORIDA STREET ADDRESS	
	,FL
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
ELAD ITAY Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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

Signature of Registered Agent