L130000 18997

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/F	Phone #)	
PICK-UP WAI	T MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certifi	cates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

NOV 1 8 2014 T. CARTER

LLC Rochange

COVER LETTER

TO:	Registration Section Division of Corporations	, '	
SUBJE		TIVE ASSISTANT mited 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:			
AVA ROSTADT Name of Person OUR EXECUTIVE ASSISTADT Firm/Company 13Hab SW 27 Address MIRAME			
1	Enclosed is a check for the following amount:		
(□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

AVA ROSTADT ROSTANT YOUR EXECUTIVE ASSISTANT 13426 SW 27TH ST MIRAMAR, FL 33027 US

SUBJECT: YOUR EXECUTIVE ASSISTANT, LLC

Ref. Number: L13000018997

We have received your document for YOUR EXECUTIVE ASSISTANT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The address listed for the current registered agent listed in section 5(a) does not match our records.

You must list the new registered agent agent and/or office in section 5(b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 014A00023448



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2014

AVA ROSTANT YOUR EXECUTIVE ASSISTANT, LLC 3977 BARBADOS AVE HOLLYWOOD, FL 33026 US

SUBJECT: YOUR EXECUTIVE ASSISTANT, LLC

Ref. Number: L13000018997

We have received your document for YOUR EXECUTIVE ASSISTANT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

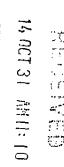
The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 214A00021521



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. Name of the limited liability company: 3426 Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Office Address (MUST FLORIDA STREET ADDRESS) Agent and/or NEW Registered Office address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ignuture of a member of authorized representative of a member I bereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified inforiting of this change. Signature of Registered Agent Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00