## L/300035368

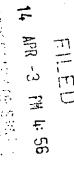
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## COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJI	EV PASS HOLDINGS, LLC				
~ <del>,~ ,- ,</del> ,	· · · · · · · · · · · · · · · · · · ·	of Limited Lia	bility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	: Change and I	cc(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the f	ollowing:		
Miria	m Katż				
	Name of Person		and the second s		
Vcor	Services, LLC				
***************************************	Firm/Company		(inex		
25 R	obert Pitt Drive, Suite 204				
<del></del>	Address				
Mons	sey, NY 10954				
	City/State and Zip Code		_		
Mkat	z@Vcorpservices.com				
1	3-mail address: (to be used for future annua	ıl report noțifi	cation)		
For fu	rther information concerning this matter, pl	lease call:			
Miria	m Katz	845 at (	425-0077		
	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	Reg Div P.C	situation Section distinction of Corporations Disposed Box 6327 Description of Section of Corporations Disposed Box 6327 Description of Corporations Description of Corporation of Corporations Description of Corporation o		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHSI	8 (2/14)				

## 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: EV PASS HOL	DIŅGS, L	LC
2. (a)	1691 MIGHICAN AVENUE, STE. 601	(b) 16	91 MIGHICAN AVENUE, STE. 601
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach FL 33139	Mia	ami Beach FL 33139
	03/08/2013	 L13	000035368
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC	la.	
v. (4)	Registered Agent and Registered Office shown on the records of the 11380 PROSPERITY FARMS ROAD #221E	e Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	PALM BEACH GARDENS , FL	33410	warmen and the state of the sta
(b)	Vcorp Services, LLC		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	-
	5011 South State Road 7, Suite 106		φ
	NEW Registered Office Address:		
			<u></u>
	Davie,FL3	33314	<u> </u>
the cha agent v was/wi the art Signa I here provisi the obt	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete placetions of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	he registere pility compared the limited limit	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  Y Printed or typed name of signee  his capacity. I further agree to comply with the

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