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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE DFASS BNJ, LLC

and transaction (All Marie Control of Contro	
Certificate of Status	0
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Page Count	02
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## 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: DFASS BNJ	, LLC	>				
2,		555 NE 185 STREET		(b)	555 NE	185 STREET		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 101			SUITE	101		
		MIAMI, FL 33179			МІАМІ,	FL 33179		
		03/19/2013		[	L130000	41155		
3.		Date of filing/registration in Florida	<del>-</del> 4.		<del></del>	Document number		
5.	(a)	M&M RA Services, LLC						
•	(4)	Registered Agent and Registered Office shown on the records of 3001 SW 3RD AVENUE	f the Fl	orida	Dept. of Sta	te:		
		Registered Office Address (MUST BE FLORIDA STREET AL				-		
		MIAMI ,F	331	29	·····	- - 1		
	45	Corporate Creations Network Inc.				14 NOV 24		
,	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d_Offic	c add	rest:	MOV 24 MM 95 25		
		<del></del> :		-		i de la companya de l		
11380 Prosperity Farms Road #221E						_		
		NEW Registered Office Address:				y		
						<u>.</u>		
		Palm Beach Gardens, Fi	_334	10				
the age was	cha nt w	mited liability company is not organized under the lange or changes are made, the Florida street address of the interface. Or, in the case of a Florida limited I yeutthorized by an affirmative vote of the members des of organization or the operating agreement of the	f the r iabilit of the	egisi y coi limi	tered offic npany, it i ted liabilit	e and the business office of the registered is hereby confirmed that the change(s)		
Kristine Duran, Attorney-in-Fact								
Signifure of a member Printed or typed name of signed								
pro the	visit	y accept the appointment as registered agent and ag ms of all statutes relative to the proper and complete fairnes of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change,	ree to perfo ed for hereb	act irma in C y co	in this cap nce of my hapter 60: nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or. (f this document is being filed the limited liability company has been		
Kristine Duran, Special Secretary								
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00								

Part 1