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COVER LETTER

Division of Corporations		
SUBJECT: Celebrity PR LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted fo	r filing.	
Please return all correspondence concerning this matter to the following:		
Jined Lamata Name of Person	;	
Celebrity PR LLC.		
552 Michigan Ave		
Miami Beach, FL 33139 City/State and Zip Code		
Linea 90@ gmail . Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Barbaro Pastrana at (305) 733 1921 Name of Person Area Code & Daytime Telephone N	umber	
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 & Certified Co	onv	

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 lightlity company. Calalo	ntu PR I.L.C
1. Name of the limited liability company:	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Miami Beach FL 33139
(Note: Mest by Stripe Tipe Mess)	
(b) Mailing address of limited liability company:	SS2 Michigan Ave
(Note: MAY BE POST OFFICE BOX)	Miami Booch FL 33130
	1.13000000000
May, 02, 13 3. Date of filing/registration in Florida 4	L 1 3 0 0 0 0 6 4 9 1 9 1. Document number
3. Date of fillig/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Jined Lamata
Registered Office Address:	552 Michigan Ave
	Miami Brich FL 33139
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	Barbaro Pastrana
NEW Registered Office Address:	1620 west Ave Apt 602
(MUST BE FLORIDA STREET ADDRESS)	
	Hiami Beach, FL 33139
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo	ws of the State of Florida, it is hereby orida street address of the registered office
confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s)	cal. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	
une operating agreement of the finned habitity company.	
Signature of a member or authorized representative of a member	
Jined Lamata	in the second second
Printed or typed name of signce	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608 F.S. Of if this document is being filed to mer address, I jetteby confirm that the limited liability company	ver and complete performance of differences, tition as registered agent as provided for in elv reflect a change in the registered office
address, I jeleby confirm that the limited liability company	has been notified in writing of this change.
Signature of Haging part of the	
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

FILING FEE: \$25.00