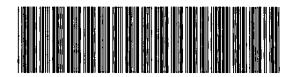
## L1300011195

7							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status	_						
Special Instructions to Filing Officer:							



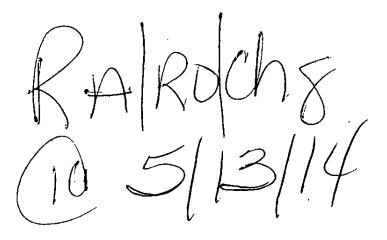


800259094928

04/21/14--01042--029 \*\*105.00

14 HAY 12 居即 25

A Company of the Comp



## COVER LETTER .

Registration Section

TO:

Divis	ion of Corporations					
SUBJECT:	EIRIN 1, LLC					
•	Nan	ne of Limited I	Liability Company			
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	ne following:			
	JOHAN SĶJELLERUP					
ragal & op 1979st majst stagen viden viden ener amerik	Name of Person					
	EUROPEAN CONSULTING, LI	LC	·			
	Firm/Company					
	16312 BREABURN RIDGE TRA	VIL.				
	Address					
	DELRAY BEACH, FLORIDA 3344	16				
	City/State and Zip Code					
	johan@designertag.com					
E-mail	address; (to be used for future and	nual report not	otification)			
For further in	nformation concerning this matter	, please call:				
	JOHAN SKJELLERUP	at ( 561	1 ) 381 - 0544			
	Name of Person		Area Code & Daytime Telephone Number			
STR	EET/COURIER ADDRESS:	ľ	MAILING ADDRESS:			
Regi	stration Section	Registration Section				
	sion of Corporations		Division of Corporations			
	Clifton Building P.O. Box 6327					
	Executive Center Circle ahassee, Florida 32301	1	Tallahassee, Florida 32314			
Encl	losed is a check for the following	g amount:	ALREADY PAID			
□ \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/14	)					



April 28, 2014

JOHAN SKJELLERUP 16312 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446

SUBJECT: EIRIN 1, LLC Ref. Number: L13000111195

• We have received your document for EIRIN 1, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 414A00009021

## 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.

l.	Nai	me of the limited liability company:EIRIN 1, LLC	: <u>-</u>					
2.	(a) _	16312 BRAEBURN RIDGE TRAIL		(b)	16312 BRAEBURN RIDGE TRAIL			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		DELRAY BEACH, FLORIDA 33446		<del></del>	DELRAY BEACH, FLORIDA 33446			
		August 6th, 2013	_		L13000111195			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CORPORATION SERVICE COMPANY						
	, ,	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept.	of State:			
		1201 HAYS STREET						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		TALLAHASSEE , FI	1,32	301				
	(b)	EUROPEAN CONSULTING, LLC						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	<b>4</b>			
		16312 BRAEBURN RIDGE TRAIL			14 HAY			
		NEW Registered Office Address:						
					2			
		DELRAY BEACH , F	L33	1446				
th ag w th	e cha ent v as/we e arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized correctiative of a member	of the r liabilit of the	egistered y compar limited l	foffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
I pr th to no	here ovisi e obi mer viifie	by accept the appointment as registered agent and as cons of all statutes relative to the proper and complete ligations of my position us registered agent as providely reflect a change in the registered office address, it is writing of this change.	gree to le perfo led for I herel	act in th ormance in Chapt by confirt	is amounted I forther agree to assembly with the			

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

3