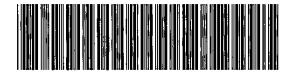
1300011358

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

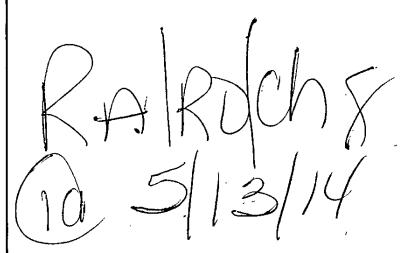
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
	·				
SUBJ	ECT:EIRIN 3, LLC				
•	Name of Lir	nited Lia	bility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office Char	nge and f	cc(s) are submitted for filing.		
Please	return all correspondence concerning this matte	r to the fo	ollowing:		
	JOHAN SKJELLERUP				
19640 to 11 g, gaga	Name of Person				
	EUROPEAN CONSULTING, LLC				
	Firm/Company				
	16312 BREABURN RIDGE TRAIL		_		
	Address				
	DELRAY BEACH, FLORIDA 33446				
	City/State and Zip Code				
	johan@designertag.com		 .		
1	-mail address: (to be used for future annual repo	ort notific	cation)		
For fu	rther information concerning this matter, please	call:			
Part to the State of the State	JOHAN SKJELLERUP at (_	561	_) 381 - 0544		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tall	ahassee, Florida 32314		
	Enclosed is a check for the following amount: ALREADY PAID				
	□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHSI	8 (2/14)				



April 28, 2014

JOHAN SKJELLERUP 16312 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446

SUBJECT: EIRIN 3, LLC Ref. Number: L13000111358

We have received your document for EIRIN 3, 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: 114A00009020

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. 1	Nam	ne of the limited liability company:EIRIN 3, L	LC		
2. (a	ď	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			DELRAY BEACH, FLORIDA 33446
_	-	August 7th, 2013			L13000111358
3.		Date of filing/registration in Florida		4.	Document number
5. (a) _	CORPORATION SERVICE COMPANY			
	ŀ	Registered Agent and Registered Office shown on the record	of State:		
	_	1201 HAYS STREET			
	ı	Registered Office Address (MUST BE FLORIDA STRE	<u>ET AL</u>	ODRESS)	
		TALLAHASSEE	, FL_	32301	
.,		EUROPEAN CONSULTING, LLC			14 HAY 12
(1	b) I	Enter name of NEW Registered Agent and/or NEW Regist	ered C	Office address:	
					72
		16312 BRAEBURN RIDGE TRAIL			
		NEW Registered Office Address:			
		DELRAY BEACH	er Er	33446	
the cagen was/ the a	chan at wi wer artic	mited liability company is not organized under the rige or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memberless of organization or the operating agreement of	e laws ss of t ed lial ers of	s of the State he registered pility compa the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. EIRIN SKIELLERUP
•		ire of a member or authorized representative of a member			Printed or typed name of signee
I he prov the c to m notij	reb visio oblis verel fied	y accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as pro by reflect a change in the registered office address in writing of this charge.	l agre olete p vided is, I ho	e to act in the performance for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Sign	aturu	e of Regi ntered Agent		4	