L140000068145

Office Use Only



700261623737

07/01/14--01022--006 **25.00

A JUL - 1 THIS: 14

Romann 114

COVER LETTER

то:	Registration Section Division of Corporations						
SURI	SUBJECT: AIDUIA ORG LLC Name of Limited Liability Company Dear Sir or Madam:						
5000							
Dear :							
The e	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please	Please return all correspondence concerning this matter to the following:						
CYN	ITHIA STANLEY						
	Name of Person	•					
AIDI	JIA ORG LLC						
	Firm/Company						
91-1	004 Muiona St						
	Address						
Ewa	Beach, Hawaii 96706		•				
	City/State and Zip Code						
stan	leyfamily@live.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Cynt	hia Stanley	808 at (675-6847				
	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		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		\$55 Filing Fee & Certified Copy				

INHS18 (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. 1	Na	me of the limited liability company: AIUDIA ORG	LLC			
2. (a	1)	AIDUIA ORG LLC	((b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	(Note: MAY BE POST OFFICE BOX)
		91-1004 Muiona St			91-1004	Muiona St
		Ewa Beach, HI 96706	-		Ewa Bea	ch, HI 96706
		4/22/2014		į	_1400006	8145
3.		Date of filing/registration in Florida	4.			Document number
5. (a)	CYNTHIA STANLEY				
(,	Registered Agent and Registered Office shown on the records of the CYNTHIA STANLEY				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				★ 38
		23540 VIA VENETO BLVD #402				
		BONITA SPRINGS , FL	34134			14 JUE-1 PHO: 11
(b)	CYNTHIA STANLEY				
•	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		CYNTHIA STANLEY				
		NEW Registered Office Address:				
		2637 E Atlantic Blvd #29835				
		Pompano Beach , FL	33062	2		
the c agen was/ the a	ha t w we rti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the reg bility of the linited	gist cor mi l li	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sig	nat	ure of a member or authorized representative of a member				Printed or typed name of signee
provi the o to me notif	isi bli ere iea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform for in ereby	ct na C. co.	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signa	tui	e of Registered Agen				
		Division of Companytions D.O. D.	au 622	٠.	- Tallahass	EL 23214