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K.SALY EXAMINER FEB 17 2016

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: MOONBEAM AIF HOLDING	3S LLC	
	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to th	ne following:
Claire Reid		
Name of Person		
Eastbiz.com, Inc.		
Firm/Company		
5348 Vegas Dr		
Address		
Las Vegas NV 89108		
City/State and Zip Code		
info@incparadise.com		
E-mail address: (to be used for future and	nual report no	tification)
For further information concerning this matter	, please call:	
Claire Reid	702	871-8678
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 Tallahassec, Florida 32314
Enclosed is a check for the following	g amount:	
		\$55 Filing Fee & Certified Copy

## 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	ame of the limited liability company: MOONBEAM	AIF HO	DLDINGS	LLC
2. (	(a)	9103 ALTA DRIVE SUITE 204	(b	)	
1	(4)	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)
		LAS VEGAS NV 89145	<u> </u>		
		03/05/2015		L150000	40420
3.		Date of filing/registration in Florida	4.	· · · · · · · · · · · · · · · · · · ·	Document number
5.	(a)	MOONBEAM HOLDINGS LIMITED LLC Ma	nagem	ent Office	
J.	(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::
		9401 WEST COLONIAL DRIVE			
		Registered Office Address (MUST BE FLORIDA STREET)	2016 FEI		
		OCOEE, FL	34761		LAHAS
(	(b)	Patricia A. Floyd			SA DE ITI
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :	10881 10881 1991 1991 1991 1991 1991 199
		13916 Bramble Bush Ct,			6
		NEW Registered Office Address:	·	,	
		Orlando , FL	32832		
the age was	cha nt v s/wc	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmation in the limited in th	tered office mpany, it is ited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		Mad	ALE	EXANDER	RFODYMANOW
Si	gnat	ture of a pleinber or authorized representative of a member			Printed or typed name of signee
pro the to n	visi obl. nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act performe d for in ( hereby co	in this capa ince of my d chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

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Signature of Registered Agent