

2017-10-17 13:10
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L15000064232
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Division of Corporations
P 1/2

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:
Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

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AMS CROSSBORDER CONSULTING LLC

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S. WARREN

OCT 18 2017

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. Name of the limited liability company: AMS CROSSBORDER CONSULTING, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
433 PLAZA REAL STE 275
BOCA RATON, FL 33432
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SAME AS PRINCIPAL
3. 04/09/2015 Date of filing/registration in Florida
4. L15000064232 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
DRUMMOND CONSULTING LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
601 BRICKELL KEY DRIVE STE 901
MIAMI FL 33131
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
ELO ENTERPRISES, INC
NEW Registered Office Address:
4700 NW BOCA RATON BLVD STE 202
BOCA RATON FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Eduardo Zamparo
Signature of a member or authorized representative of a member

Eduardo Zimmer Sampao
Printed or typed name of agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA