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COVER LETTER

TO: Registration Section Division of Corporations						
	CEN LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Isabelle Per	C.C.					
Name of Person						
ISAKEN LC						
Firm/Company						
22 /11 ch H	c't a i					
33 4th St N Address	June 201					
ST PETERS BURG City/State and Zip Cod	FL 33701					
E-mail address: (to be used for future	annual report notification)					
For further information concerning this mat	ter, please call:					
Chart Karajian						
	at (844) 707 - 3773					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
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.

I. Na	ame of the limited liability company:	SAKEN	ilc		
2. (a)	5 Stars du Agal Estate Service Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing ad	ddess of limited liability MAY BE POST OFFI	
	5315 Park Blud Si	ite 30.	<u>5315</u>	Park Block	L. Suite 30
	PINEUAS PARK, FL3378		\sim	AS PARK	1
3.	Ot 10/2015 Date of filing/registration in Florida	4.	L15 CC C	119310 ent number	
5. (a)					
	Registered Agent and Registered Office shown on the reco 33 4th Street Neukl Registered Office Address (MUST BE FLORIDA STR	Ste	_	18 APR	
	\mathcal{J}	, FL <u>337</u> 0		1950 P	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Agent Age	Me Served Office addre	<u> </u>	T.Combine	<u></u> 0
	5315 Pauls Blvd NEW Registered Office Address:	Suite 30			
	PINGLIAS PARK	. FI. <u>337</u> (21		
the char agent w was/wei	imited liability company is not organized under the singe or changes are made, the Florida street addrewell be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membioles of organization or the operating agreement of	ess of the registe ted liability com bers of the limite of the limited liab	red office and the pany, it is hereby ed liability compa- pility company.	business office of confirmed that the ny or as otherwise	the registered change(s) provided in
Signate Signate	str. der 12 rate ture of a member or authorized representative of a member		Printed o	or typed name of signed	<u> </u>
Thereb provisió the oblig to merei	by accept the appointment as registered agent anions of all statutes relative to the proper and comigations of my position as registered agent as problem reflect a change in the registered office address in writing of this change	d agree to act in pleie performan wided for in Che sss, I hereby conf	this capacity I f ce of my duties, a apter 605, F.S. O firm that the limite	further agree to co nd I am familiar w r, if this document ed liability compar	mply with the ith and accept is being filed ny has been
Signature	re of Registered Agent	_			