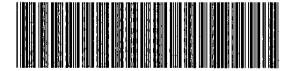
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(Re	equestor's Name)	-					
(Ac	idress)						
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
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COVER LETTER

Division of Corporations		ν _λ ,				
EEMA and ABBA, LLC						
SUBJECT:	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 m	natter to the	following:				
PAUL LABINER, ESQ.						
Name of Person						
LAW OFFICE OF PAUL LABINER						
Firm/Company						
5499 NO. FEDERAL HWY., SUITE K						
Address						
BOCA RATON, FLORIDA 33487						
City/State and Zip Code		_				
PAUL@PLABINERESQ.COM						
E-mail address: (to be used for future annual	report notifi	cation)				
For further information concerning this matter, ple	ase call:					
PAUL LABINER, ESQ	561	998-2362				
Name of Person		Area Code & Daytime Telephone Numbe				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
Enclosed is a check for the following am	ount:					
☑ \$25 Filing Fee	□ \$5	5 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.	Na	me of the limited liability company: EEMA AND	ABBA,	LLC			
	(a)	3720 NO 32ND TERRACE					
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	<u> </u>	Mailing address of limited I		
		3720 NO 32ND TERRACE			(Note: MAY BE POST C	<u>)FFICI</u>	<u>: BUX</u>)
			· · · · · · · · · · · · · · · · · · ·				
		HOLLYWOOD, FLORIDA 33021					
		7/29/2015		L1500012	29882		
3.		Date of filing/registration in Florida	- 4.		Document number		
5.	(a)	CHARLES GLUCK					
	` '	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State	- e:		
					-		
		Registered Office Address (MUST BE FLORIDA STREET) 3720 NO 32ND TERRACE	<u>T ADDRES.</u>	<u>S)</u>			
					-		•
		HOLLYWOOD , F	_L 33021			17	· • • • • • • • • • • • • • • • • • • •
						MAR	200 kg 200 kg
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office as	ldress:	-	27	
		The fame of the feet of the fe	ou griee at	<u></u> .		PH	# 90
		PAUL LABINER				3: 48	**************************************
		NEW Registered Office Address:			-	9	
		5499 NO FEDERAL HWY., SUITE K			_		
		BOCA RATON , F	L_33487	· · · · · · · · · · · · · · · · · · ·			
the ag	cha ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability c s of the ling ne limited	istered office ompany, it is nited liability liability com	e and the business offices hereby confirmed that y company or as otherwipany.	ce of that the c	ne registered hange(s)
	1	hely Darb	<u>MI</u>	CHAEL GI		ianaa	
I i pro the to no	hereb ovisie obli mere tified	ure of a member or authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completed to	gree to ac le perforn led for in I hereby c	et in this cape nance of my e Chapter 605 confirm that	Printed or typed name of sacity. I further agree is duties, and I am familify. F.S. Or, if this document is the limited liability con	o com	ply with the h and accept s being filed has been
		1					