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AUG 3 0 2016

S. YOUNG

COVER LETTER

Division of Corporations							
SUBJECT: ETDEVICES LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
VANESSA RAMIREZ							
Name of Person							
Firm/Company							
10691 SW 155 PLACE UNIT 1516							
Address							
MIAMI, FL 33196							
City/State and Zip Code							
vane.ramirez23@gmail.com							
E-mail address: (to be used for future annual r	eport notification)						
For further information concerning this matter, plea	se call:						
VANESSA RAMIREZ	786 281-1158						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section						
Division of Corporations	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 amo	ount:						
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

16 AUG 29 AM II: 0

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: ETDEVICES	LLC				
				(b)	ì		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,		failing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
		9311 SW 123RD AVE CT			9311 SW	123RD AVE CT	
		MIAMI, FL 33186			MIAMI, F	L 33186	
		03/21/2016		١	_1600005	6748	
3.		Date of filing/registration in Florida	4.	•		Document number	
5.	(a)					:-	ri .
		Registered Agent and Registered Office shown on the records of VANESSA RAMIREZ	f the Flori	ida	Dept. of State		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS		ਰ ਹ	T. - 1-
	9311 SW 123RD AVE CT				,	29	1. A
		MIAMI , F	_3318	6		= = = = = = = = = = = = = = = = = = =	
						Ö	
	(b)	Enter name of NEW Registered Agent and/or NEW Registere					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	add	ress:		
		VANESSA RAMIREZ					
		NEW Registered Office Address:					
		10691 SW 155 PLACE UNIT 1516			<u> </u>		
		MIAMI , F	, 3319	6			
the age	e cha ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members are of organization or the operating agreement of the	ws of the feet in the little in the limited in the limited	ne gis co imi	State of Flo tered office mpany, it is ted liability ability com	and the business office of the regis hereby confirmed that the change(sompany or as otherwise provided pany.	tered
		ent panent	V	41	IESSA RA	AMIREZ	
/	Signat	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to no	ovisie obli mere tified	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	ree to a e perfor ed for in hereby	ect ma i C	in this capa ince of my a hapter 605, nfirm that t	icity. I further agree to comply with luties, and I am familiar with and a F.S. Or, if this document is being he limited liability company has be	h the ccept filed en
Si	gnatu	re of Registered agent	D 72	~=	. m. n. i	EL 22214	

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

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