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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJ	UZEL - SARMAT INVESTMENT, LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the f	following:				
S. Ale	exander Moghadasi						
	Name of Person						
Ryan	Consulting Group, P.A.						
	Firm/Company		_				
8875	Hidden River Parkway, Suite 300		·				
	Address		_				
Tamp	oa, FL 33637						
	City/State and Zip Code		_				
sarm	at72@yahoo.com						
E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter	, please call:					
S. Ale	exander Moghadasi	813	448-1280				
	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	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$5	5 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	time of the limited liability company: UZEL - SARM	IAT IN	VESTME	NT, LLC	
2. (a)	UZEL - SARMAT INVESTMENT, LLC	(b	UZEL -	SARMAT INVESTMENT, LLC	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5	· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	16321 Hutchison Road		16321 I	Hutchison Road	
	Tampa, FL 33625	_	Tampa	FL 33625	
	07/13/2016		81-3308	914	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Ryan Consulting Group, P.A.				
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
				201	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	บ	2019 (7.37	
	16321 Hutchison Road			;	
	Tampa , FL	33625		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b)	Ryan Consulting Group, P.A.			PH 4: 04	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Office Address:			_	
	8875 Hidden River Parkway, Suite 300			_	
	Tampa, FL	33637		_	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ibility co f the lin limited	stered offic ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the oblice mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I have been address, I have been address and the change of the change.	ee to ac. perform l for in (iereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, 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

Signature of Registered Agent