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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Islah Entertainment Investment 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:							
Sabrina Piumelli Name of Person							
Islah Entertainment Investment LLC Firm/Company							
7300 Goldenpointe Blud Apt 106 Address							
Orlando, FL 30807 City/State and Zip Code							
Spiumelli @ Yahoo Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Luiz Markiwe Z at (407) 473-5566 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
2 \$25 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. N	ame of the limited liability company:	ah ,	Enterto	linment	Investment	LLC		
2. (a)			(b) _					
(u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>r</i> :	. (0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7300 Goldenpointe Blud A	ot 106	<u> </u>	7300	Goldenpointe	Blud	Apt 106	
	Orlando, FL 32807			Orlar	ndo, FL 3207	7		
	March 13,2017			L170	000057159			
3.	Date of filing/registration in Florida		4.		Document number			
5 (-)	Sabrina Piumetti							
5. (a)	Registered Agent and Registered Office shown on the record	ds of the	Florida De	ent. of State:				
		4 0 01 4 10		pu or suice.				
	Registered Office Address (MUST BE FLORIDA STRI	EET AD	npecci	<u> </u>				
			DRESS)					
	7300 Goldenpointe Blud Apti	106						
	<u>Orlando</u>	. FL	39800	7	:		•	
		_,					,	
(b)).	5		
,	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Of	ffice addres	<u>55</u> :				
	Luis Martinez						San A	
	NEW Registered Office Address:		•		773			
	7300 Goldenpointe Blvd	Apt	106	** ·······	\$\footnote{\pi}\$	7		
	Orlando	_, FL	32805	1				
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limits are authorized by an affirmative vote of the membricles of organization or the operating agreement of	ss of th ed liabi ers of t	ie register ility comp the limited	red office and the composition of the composition o	and the business off hereby confirmed the company or as othe bany.	fice of the nat the ch rwise pro	e registered ange(s)	
	Inter mutti			Sihr	Printed or typed name o			
Sign	ature of a member or authorized representative of a member	•			Printed or typed name o	f signee		
I here provis the obto men notifie	why accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	d agree plete pe vided f ss, I her	to act in erformanc for in Cha reby confi	this capac ce of my di ipter 605, irm that th	city. I further agree uties, and I am fam F.S. Or, if this doc ne limited liability c	to comp liar with ument is ompany h	ly with the and accept being filed as been	
Signati	is Martines	- /	,					