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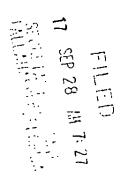
(Req	uestor's Name)				
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D. SCOTT SEP 2.9 20.7

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUMERIAN	TRADE LLC		
Name of Lin	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
FEWRIQUE MARTIN C15 Name of Person	<u>teo</u>		
SUMERIAN TRADE L	LC_		
4201 W 18 Cm Address			
Hinlenh Flored 338 City/State and Zip Code	012_		
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please of	rall:		
Francisco Userro at 17	286, 487 8784 20 20		
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
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	me of the limited liability company:	SUME	RIAN	TRSDE	LLC	
2. (a)	4201 W 18 Un Hinlesh FU Principal office address of limited liability (Note: MUST BE STREET ADDR.)	company;	(b) <u>420</u>	Mailing address of	Imited liability company: EPOST OFFICE BOX)	
3. 5. (a)	OS - OS - 20A Date of filing/registration in Flor		4.	/		
	Registered Agent and Registered Office shown on 2030 S DOUGUS De Registered Office Address (MUST BE FLORI	1, 500	k 212			
(b)	CORNL GABLES EWRIGUE MARTIW Enter name of NEW Registered Agent and/or NE 4201 W 18 Lw NEW Registered Office Address:	W Registered O	-RO		FILLED 77 SEP 28 M 7: 28 STOCK TALL SEP 1: 15 TO SEP 1:	
	Hinlesh	, FL	33012	 -		
the cha agent w was/we the artic	mited liability company is not organized to nge or changes are made, the Florida stree vill be identical. Or, in the case of a Florida cre-authorized by an affirmative vote of the cles of organization or the operating agree	et address of the dalimited liable members of the line	ne registered of ility company the limited lia mited liability	office and the busine	ess office of the registered med that the change(s)	
provision the oblination to mere notified	by accept the appointment as registered as cons of all statutes relative to the proper as ignitions of my position as registered agently reflect a change in the registered office in writing of this change.	gent and agree nd complete po t as provided j address, I he	to act in this erformance of for in Chapte reby confirm	s capacity. I further f my duties, and I an r 605, F.S. Or, if thi that the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00						