<u>L17000121340</u>

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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	EAU Prince, LLC					
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning thi	s matter to the following:				
Adam .	J. Silverman					
	Name of Person	-				
	Firm/Company					
2479 C	Quail Roost Drive					
	Address					
Westo	n, Florida 33327					
	City/State and Zip Code					
asilver	man@breierseif.com					
E-1	mail address: (to be used for future ann	al report notification)				
For furth	her information concerning this matter,	please call:				
Adam .	J. Silverman	305 445-0707 at ()				
	Name of Person	Area Code & Daytime Telephone Numb				
	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	ome of the limited liability company:	LLC		
2. (a)	101 S. Topanga Canyon Blvd. #1747	(b)	101 S. Topanga Canyan	n Blvd. #1747
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	ed liability company:
	Topanga, CA 90290		Topanga, CA 90290	
	06/02/2017	 <u> </u>	_17000121340	
3.	Date of filing/registration in Florida	4.	Document number	· - · ·
5. (a)	Joseph, Edouard R.			
	Registered Agent and Registered Office shown on the records of 10519 Pinetree Terrace	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u>. </u>	
	Boynton Beach , F	33436		17 NOV
(b)	Silverman, Adam			14 10 - 0
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	lress:	
	2479 Quail Roost Drive			PH =
	NEW Registered Office Address:			دع دع
	Weston . F	L 33327		
he cha igent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the limi e limited li	stered office and the business of impany, it is hereby confirmed ited liability company or as off	office of the registered that the change(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name	of signee
l here provisi he obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ly reflect of his enable in the registered office address, if the property of his change.	gree to act e performa ed for in O hereby co	in this canacity. I further our	ee to comply with the
Signatu	ire of Registered Agent			