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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ECLIPSE INVEST	MENTS LLC. Limited Liability Company		
Name of I	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 mat	ter to the following:		
GARY HUNLEY			
GARY HUNLEY Name of Person			
Name of Ferson			
ECLIPSE INVESTMENTS LLC.			
ECLIPSE INVESTMENTS LLC. Firm/Company			
9404 OAK ST. Address			
Address			
RIVERVIEW FL. 33578 City/State and Zip Code			
City/State and Zip Code			
ZROCKITL @ YA Hoo. com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
GARY HUNLEY at	(813) 810 - 4384		
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:			
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
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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. Na	me of the limited liability company:ECLIP\$1	E INVESTMENTS LLC.
2. (a)	9HOH OAK ST. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RIVERVIEW FL. 33 5 78	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida SwyfffTLINGS— LEGAL Registered Agent and Registered Office shown on the records of the	L 180000(01608 4. Document number CORP SOLUTIONS, LLC e Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	SUITE 415
(b)	HOLLYWOOD, FL CARY HUNLEY Enter name of NEW Registered Agent and/or NEW Registered O 9404 OAK ST. NEW Registered Office Address:	
	RIVERVIEW ,FL	33578
Signa I here provisi the obit to mere notified	ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable ture of a member of authorized representative of a member.	Printed or typed name of signed the to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
	FILING FE	