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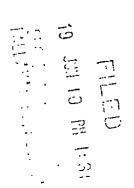
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COVER LETTER

àI.

INH\$18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: AAA IM	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerr	ning this matter to the following:				
YASMANY PAMIR Name of Person	<u>-</u> 2				
AAA IMPRE SSNO Firm/Company	= TILF, LLC				
9618 SHELOWN Address	WOUD IN				
TAMPA FL 3 City/State and Zip C	33635 Code				
E-mail address: (to be used for futu	re annual report notification)				
For further information concerning this n	natter, please call:				
YASMANY PAMI	RIEZ at (813) 534 2216				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRES 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	owing amount:				
525 Filing Fee	☐ \$55 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.

Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS) FAMYA FL 33635 Date of filing/registration in Florida 4. Document number (a) YASMANY RAMINEZ YOANDRY RAMINEZ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9618 SHELDON NOOD LN Registered Office Address MIST BE FLORIDA STREET ADDRESS) THAPA FL 33635 FL (b) YASMANY REgistered Agent and/or NEW Registered Office address: (b) YASMANY RAMINEZ 2 Enter name of NEW Registered Agent and/or NEW Registered Office address: (c) FL SHELDON NOOD LN. TAMPA FL 33635 FL FL The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the lee change or changes are made, the Florida limited liability company. it is hereby confirmed that he change or changes are made, the Florida limited liability company is the registered office of the gent will be identical. Or, in the case of a Florida limited liability company or as otherwise prove a articles of organization or the operating agreement of the limited liability company or as otherwise prove a articles of organization or the operating agreement of the limited liability company.	2. (a)		(b)	·		- -
Date of filing/registration in Florida (a) YASMANY RAMIREZ YOAN DRY RAMIREZ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9618 SHE LOON WOOD LN Registered Office Address (MUST BE FLORIDA STREET ADDRESS) THAP A F L 33W 35 FL Enter name of NEW Registered Agent and/or NEW Registered Office address: (b) YAS MANY RAMIREZ 2 Enter name of NEW Registered Agent and/or NEW Registered Office address: (c) FL NEW Registered Office Address: (c) FL THE limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the c change or changes are made, the Florida street address of the registered office and the business office of the gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the gent will be identical. Or, in the case of a Florida limited liability company or as otherwise prove articles of organization or the operating agreement of the limited liability company.		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-)	Mailing addr	ess of limited liability com	pany:
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ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is b agreey reflect a change in the registered office address. I hereby confirm that the limited liability company ha	reb visič oblij	y accept the appointment as registered agent and agree ms of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for	to act in this rformance of or in Chapter	capacity, 1 fur my duties, and r 605, F.S. Or.,	ther agree to comply I am familiar with an if this document is be	with the id accep ing fileo

Signature of Registered Agent