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(R	equestor's Name)	
(Ai	ddress)	
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(C	ity/State/Zip/Phone	 ∋ #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	, "
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RAROCHS

MAR 25 2070 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations					
30b)EC1.	TANA, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
Slias Kama, Name of Person	an_				
ETANA Firm/Company					
34 Winston D Address	rive				
Belliais, # 230 City/State and Zip Code E-mail address: (to be used for future annual re	3756				
E-mail address: (to be used for future annual re	hotmal . Cem eport notification)				
For further information concerning this matter, plea	se call:				
S(as Kannan and Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amo	ount:				
\$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.

1. Name of the limit	ted liability company:	ETA	NAI	LLC	
2. (a)		(b)_			
Principal	office address of limited liability company ne: MUST BE STREET ADDRESS)		Maili	ng address of limited I ote: MAY BE POST of	
34 0	vinstan Drive			Samo	>
Bello	aic, FL 3375	6			
03-	12-7019	1.	19000	206971	Z
3. Date	of filing/registration in Florida	4.	Doc	cument number	/
5. (a)					
Registered Agent	and Registered Office shown on the record				
<u></u>	M. fachner,		<u> </u>		
Registered Offic	e Address (MUST BE FLORIDA STR				
6	00 By pass Dr	0 / 10 o			_
	clear water		64	F. C.	F 1020 H
(b)	Elias KANA	RAN			F-11_E
Enter name of N	EW Registered Agent and/or NEW Regis	tered Office addre	<u>:ss</u> :	4-	- m
3	y winston	Drive		· 	PH 5:
NEW Registered	d Office Address:				
				Ų.	
	Selleair	, fl_ 33	756		
change or changes are agent will be identica was/were authorized	company is not organized under the made, the Florida street address o l. Or, in the case of a Florida limite by an affirmative vote of the membation or the operating agreement of	f the registered of the liability composers of the limite	office and the pany, it is hered liability compan	e business office of reby confirmed that impany or as other	f the registered it the change(s) wise provided in
Signature of a member	or authorized representative of a member		Prin	nted or typed name of	signee
I hereby accept the a provisions of all statu the obligations of my to merely reflect a ch notified in writing of	ppointment as registered agent and tes relative to the proper and comp position as registered agent as pro ange in the registered office addres this change.	l agree to act in leie performand vided for in Cha ss, I hereby conf	this capacity ce of my dutie upter 605, F.S. irm that the l	o. I further agree t es, and I am famili S. Or, if this docu limited liability cor	o comply with the ar with and accept nent is being filed npany has been
Signature of Registered A		_			