Florida Department of S

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : 120120000972 Phone : (305)895-5815 Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member # 22000 2977273

<u>Title</u>	Name	Address	Type of Action
AMBR	SONIS, NATALIYA	1174 ARTHUR ST	□ Add
		HOLLYWOOD FL 33019	□Remove
			□ Add
			□Remove
			Change
			DAdd
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of the date inserted in this block does not meet the applical sument's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed
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ecord specifies a delayed effective date, but not an effective time is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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Typed or printed name of signee