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(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:						

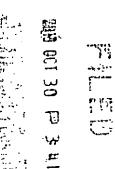
Office Use Only

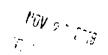


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COVER LETTER

Division of Corporations					
SUBJECT: EYMIAJ HOLO Name	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Sylina Frasure Name of Person					
MOMENTUM					
3113 N Armenia AVL					
TAMPA, FL 33607 City/State and Zip Code					
Sam Zewdic 9 @ gmail . Li E-mail address: (to be used or future annu	DM ial report notification)				
For further information concerning this matter, p	please call:				
Sam Zendie Name of Person	at (917) 696 - 0650 Area Code & Daytime Telephone Number				
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:					
52 \$25 Filing Fee	S55 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.

Principal office address of limited liability company: (Sotte, MST ME STREET ADDRESS) APT 460 Might FL 33131 Date of filling/registration in Florida Document number 3. Date of filling/registration in Florida Document number 3. Date of filling/registration in Florida Document number 3. Date of filling/registration in Florida Document number 5. (a) SAM 7EWAL BAY DIVE Registered Agent and Registered Office shown on the revards of the Florida Dept. of State: 1100 British Bay Dive Registered Office Address (MUST BE FLORIDA STREET ADDRESS) APT 460 Might FL 33.131 (b) SAM 7EWAL BAY STREET ADDRESS APT 460 Might FL 33.131 (b) SAM 7EWAL BAY STREET ADDRESS APT 460 FL 33.132 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the finited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company or as otherwise provided in the articles of organization of poperating agreement of the limited liability company or as otherwise provided in the articles of organization of a prepatitive of the proper and complete performance of my daties, and I am familiar with and accept the obligations of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of any position as registered agent as provided for member of the finited liability company has been untilted in which the limited liability company has been untilted in which and the limited liability company has been untilted in which and the limited liability company has been untilted in which and the limited liability company has been untilted	1. Na	ame of the limited liability company: Ermina	_Hol	dings	- (LC	
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Registered Office Address APT 46D Many FL 33 131 (b) Sam Zewale Enter name of NEW Registered Agent and/or NEW Registered Office address: 483 NE 18th 4401 NEW Registered Office Address: FL 33 132 If the limited liability company is not organized under the laws of the State of Florida, it is bereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee Thereby 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 his document is being filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of his change.	5. (a)	0/11 200010	ie Florida I	Dept. of State:			
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