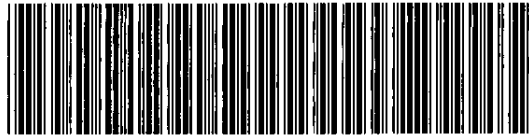


**L04000059993**



800215088198

12/14/11--01013--007 \*\*25.00

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 14 AM 8:41

FILED

J. SAULSBERRY  
EXAMINER

DEC 16 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fistik LLC  
Name of 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 matter to the following:

Kurt Gurbuz  
Name of Person

Firm/Company

3847 Bimini Avenue  
Address

Cooper City , Florida 33026  
City/State and Zip Code

Gurbk@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Gurbuz at ( 904 ) 699.3833  
Name of Person 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:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2011 DEC 14 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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 limited liability company: Fistik LLC

2. (a) Principal office address of limited liability company: 13158 Ebbtide Court

**(Note: MUST BE STREET ADDRESS)** Jacksonville, Florida 32225

(b) Mailing address of limited liability company: 13158 Ebbtide Court

**(Note: MAY BE POST OFFICE BOX)** Jacksonville, Florida 32225

August 20, 2004

3. Date of filing/registration in Florida

L04000059993

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Kurt Gurbuz

Registered Office Address: 13158 Ebbtide Court  
Jacksonville, Florida 32225

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Kurt Gurbuz

**NEW Registered Office Address:** 3847 Bimini Avenue  
**(MUST BE FLORIDA STREET ADDRESS)** Cooper City Florida 33026

FILED  
 2011 DEC 14 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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

Kurt Gurbuz

Printed or typed name of signee

*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 608, 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.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**