## 61000 54906

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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETALLY OF STATE SALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

SUBJECT: KYPROS CULINARY, 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	g this matter to the following:	
IRWIN I. SKOLLER	ANT ANT	
(Name of Person)		
	26	
IRWIN I. SKOLLER, TAX CONSULTA	ANT HO	
(Firm/Company)	English The second seco	
1375 GATEWAY BLVD. SUITE 18		
(Address)		
BOYNTON BEACH, FL 33426		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
IRWIN I. SKOLLER	at (561 ) 767-3020	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	· analiasse, · fortac ses i ;	
Enclosed is a check for the followi	ng amount:	
7 \$25 Filing Fee	S55 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 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.

MAY 23, 2007	L07000054906
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the	e registered office address as shown on the records of the
Florida Department of State:  K. GEORGE	LICAS
K. GEORGE	Name
10110 STONE	HENGE CIRCLE
	Address
BOYNTON BE	ACH, FL 33437
	City, State and Zip
6. The name and address of the new regis	Address ACH, FL 33437 City, State and Zip ered agent and/or office:  UCAS Name PRIVE  Address (P.O. Box NOT acceptable)
K. GEORGE I	ucas Significant S
	Name III 6
5122 MASSY	RIVE S
Florida street	address (P.O. Box <b>NOT</b> acceptable)
LAKE WORTH	FL 33463
	City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited (signature of a member of authorized representative of K. GEORGE LUCAS  (Printed or typed name of signee)	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office tent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote inpany or as otherwise provided in the articles of organization iability company.
I hereby accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the oblice that the content of the content is address Thereby confirm that the limited (Signature of Registered Signature)	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.

**FILING FEE: \$25.00**