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(Requestor	s Name)			
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PICK-UP	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
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SECRETARY OF STATE SHALL AHASSEE FLORIDA

<i>e</i> 5 <b>4</b>	,	COVER L	ETTER	
TO: Registration of Division of	on Section f Corporations			
SUBJECT: PP			ししこ ability Company)	
Dear Sir or Mada	m:			
The enclosed Reg	istered Agent/Registered	Office Chang	e and fee(s) are su	bmitted for filing.
Please return all c	orrespondence concernin	g this matter to	o the following:	
Lorena	Kipershnit	r		
, <b>b</b>	(Name of Person)			
	(Firm/Company)			
1360 S	Tillwater D	)r.		
	(Address)			
Miami E	Beach FL	33141	·	
	(City/State and Zip Code)			
For further inforn	nation concerning this ma	atter, please cal	11:	
Lorena K	irershmit	at ( 305	490	1942
(N	ame of Person)	(Area	Code & Daytime	Telephone Number)
Registratio Division of Clifton Bui 2661 Exect	f Corporations	Re Di P.	AILING ADDRES egistration Section vision of Corporation O. Box 6327 allahassee, Florida 3	ons

□ \$55 Filing Fee & Certified Copy

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INHS18 (5/08)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

Puki LLC  1360 Stillwarer Dr  Miami Beoch EL 33141-Th  Same  LØ80000020346553
Miami Beach EL 3341-17  Same 2000 820 3465 3
LØ8ØØØØZØ346553
e records of the Florida Dept. of State:
Linette M. Guerra
2275 Biscayne Blvd Higmi FL 33137
Lorena Kipershmit 1360 Stillwater Dr.
1360 STILLWOTER Dr. Miami Beach ,FL 33141
ws of the State of Florida, it is hereby confirmed address of the registered office and the business e of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
ree to act in this capacity. I further agree to er and complete performance of my duties, and I s registered agent as provided for in Chapter 608 ange in the registered office address, I hereby n writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00