

W09000111529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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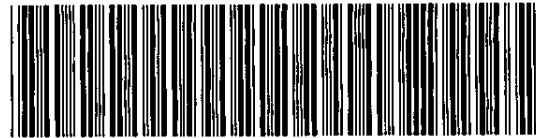
(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION
15 JAN 22 PM 4:37
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APPROVED
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15 JAN 22 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10470

ACCOUNT NO. : I20000000195

REFERENCE : 470581 7804100

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : January 22, 2015

ORDER TIME : 3:46 PM

ORDER NO. : 470581-010

CUSTOMER NO: 7804100

CHANGE OF AGENT

NAME: KABAFUSION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KABAFUSION, 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:

Habib Rahman

Name of Person

KABAFUSION, LLC

Firm/Company

17777 Center Court Drive, Suite 550

Address

Cerritos, CA 90703

City/State and Zip Code

hr1726@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Habib Rahman

at (781) 647-7748

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

**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.

1. Name of the limited liability company: KABAFUSION, LLC

2. (a) 17777 Center Court Drive, Suite 550 (b) 17777 Center Court Drive, Suite 550

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Cerritos, CA 90703

11-19-2009

L09000111529

3. Date of filing/registration in Florida

4. Document number

5. (a) MASOOD, SOHAIL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7940 FRONT BEACH ROAD PMB# 159

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PANAMA CITY BEACH, FL 32407

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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

Sohail Masood

Printed or typed name of signer

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.

Signature of Registered Agent

Corporation Service Company

BY: Janette McIntyre, Asst. Secy.

Courtney Williams
Asst. Vice President

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

APPROVED
AND
FILED
15 JAN 22 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA