## 1400022050

(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



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DEPARTMENT OF STATE

7914 JUN 23 PM 4: 59



IN SENTILE CUMPANT								
ACCOUNT NO. : 12000000195								
REFERENCE : 133042 5152748								
AUTHORIZATION CANALO BE OF THE PROPERTY OF THE								
COST LIMIT (\$ 25.00								
ORDER DATE : May 14, 2014								
ORDER TIME : 2:37 PM								
ORDER NO. : 133042-080								
CUSTOMER NO: 5152748								
CHANGE OF AGENT								
NAME: BOCAR KANSAS CITY, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Emily Gray EXT# 62925								

EXAMINER:

## 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. Na	me of the limited liabili	ity company: BOCAR KANS	AS CITY,	LLC .					
2. (a)	777 Arthur Godfrey Road			(b) 777 Arthur Godfrey Road					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Miami	FL 33140	<del></del>	Miami, Fl	L 33140		######################################		
	02/10/2014			L1400002	2050				
3.	Date of filing/	registration in Florida	4.		Document number	•			
i. (a)	ROBERT B BALOG	Н							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	777 ARTHUR GODF	REY ROAD				<b>₩</b> 1855			
(b) .	Registered Office Address (AIUST BE FLORIDA STREET ADDRESS)					3	33		
						ا المعالم	<u></u>		
	<del></del>				-	60-	MIN JUN 23	***	
	MIAMI BEACH	, FI	L <u>33140</u>			(S) = 1	23	FILED	
						بر (1) چار	To the	ΕĐ	
	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:						-		
	Enter name of the verteeling	Transfer and or Transfer Programmer				芸芸	CTI		
	1201 Hays Street					>	9		
	NEW Registered Office Address:								
	T-V-b		20004		-				
	Tallahassee	, F	1. 32301		•				
the cha agent v was/we	ange or changes are mad will be identical. Or, in ere authorized by an affi	y is not organized under the la te, the Florida street address of the case of a Florida limited l irmative vote of the members the operating agreement of the	of the regis liability co of the lim	stered office mpany, it is ited liability	e and the business of s hereby confirmed t y company or as othe	fice of th hat the ch	e regist nange(s	ered )	
		<u>ک</u>	LAL	RA ELLINO		<u>-</u>			
_	$\overline{}$	d representative of a member			Printed or typed name (	_			
provisi the obi to mer	by accept the appointme ions of all statutes relati ligations of my position ely reflect a change in t d in writing of this chan	ent as registered agent and ag ive to the proper and complet as registered agent as provid he registered office address, i ge.	gree to act e perform led for in ( I hereby co	in this capt ance of my Chapter 605 onfirm that	acity. I further agre duties, and I am Jan 5, F.S. Or, if this doc the limited liability o	e to compiliar with cument is company	oly with and ac being f has bee	the cept iled n	
Signatu	uly Ma ire of Registered Agent Cor	paration Service Company	BY: E	mily Gra	ay - Assistant	VP			
	U phy	ision of Corporations P.O.			ssee, FL 32314				