L1400008/408

(Re	equestor's Name)	<u>,</u>
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO THE STATE OF TH

RACh X (10).11.14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Etiqap 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:	
Oleg Beregovich	
Name of Person	
Etiqap LLC	
Firm/Company	
1847 Gerrtisen Ave	
Address	
Brooklyn, NY 11229	
City/State and Zip Code	
ob@etiqap.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Oleg Beregovich (646) 387-1599	
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 & Certified Copy	
INHS18 (2/14)	

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.

	(Note: MUST BE STREET ADDRESS) 750 Harbour Dr.			(<u>Note: MAY BE POST OFFICE BOX</u>)
	750 Halbour Dr.		750 11-	·- · · · · · · ·
	 :		/50 Hai	rbour Dr.
	Naples, FL 34103	_	Naples,	FL 34103
- 1	May 20, 2014		L140000	81608
-	Date of filing/registration in Florida	4.		Document number
a) _	Erik Kemnitzer			
	Registered Agent and Registered Office shown on the records of	he Flor	da Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRE	<u> </u>	-
	750 Harbour Dr.			
	Naples	3410	3	-
-	, FL			<u> </u>
) E	Edward Kemnitzer			5 -
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddress:	-
				14 JUH 25
_				. 2
1	NEW Registered Office Address:			
-	750 Harbour Dr.			, .
	Naples	3410	3	
-				-
lin	nited liability company is not organized under the law	s of th	c State of Flo	orida, it is hereby confirmed that after
wi	ge or changes are made, the Florida street address of it be identical. Or, in the case of a Florida limited lia	bility	company, it is	s hereby confirmed that the change(s)
ver	e authorized by an affirmative vote of the members o	f the li	mited liabilit	y company or as otherwise provided in
tici	les of organization or the operating agreement of the		leg Berego	
atur	re of a member or authorized representative of a member	_	eg belego	Printed or typed name of signee
	accept the appointment as registered agent and agri ns of all statutes relative to the proper and complete vations of my position as registered agent as provided vereflect of hange in the registered office address, I have	ee to a perfori I for in	ct in this cape nance of my Chapter 605	•

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