## L180000 23213

(Re	equestor's Name)	<del></del>	
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(Document Number)			
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FILED 2019 1773 29 PH 12: 35

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## COVER LETTER

**TO:** Registration Section

INHS18 (2/14)

Division of Corporations			
SUBJECT: 2000 Shine Enterprises LLS  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:			
Olga Dorondova  Name of Person			
2000 Shine Enterprises US Firm/Company			
16916 Jetson Dr Address			
Spring Hill FL 3460  City/State and Zip Code			
E-mail address: (to be used for luture annual report notification)			
For further information concerning this matter, please call:			
Olga Dorondova at (727) 271 - 0829  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			



April 12, 2019

OLGA DORONDOVA 16916 JETSON DR SPRING HILL, FL 34610

SUBJECT: 2000SHINE ENTERPRISES LLC

Ref. Number: L18000023213

We have received your document for 2000SHINE ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00007447

Irene Albritton Regulatory Specialist II

2019 APR 29 PM 3: 35

## 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.

rioria	oriau.	
I. N	The state of the s	_S
2. (a)	(a) 2000SHINE Enterprises UC (b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OF	
	16196 Jetson Dr 1181910 Jetson 1	)r
	Spring Hill, FL 34610 Spring Hill	FL 34ldi
<b>3</b> .	<u>4 4 2019</u> <u>L180000 232</u>	413
	Date of filing/registration in Florida 4. Document number	
5. (a)	(a) KHABROVA ELENA Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	regarded regard and regarded Office shown on the records of the Florida Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		<b>3</b>
	Socialist 2011	
	- string this FL 54610	
(b)	(b) Olga Derondova	6 77
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH
	14194 detson Dr	70119 527, 29 PH 12: 35
	NEW Registered Office Address:	
	Spring Hill 34610	
If the li	he limited liability company is not organized under the laws of the State of Florida, it is hereby confirm	ned that affect
igent w	entage of changes are made, the Florida street address of the registered office and the business office and will be identical. Or, in the case of a Florida limited liability company, it is busely and format the case of a Florida limited liability company, it is busely and format the case of a Florida limited liability company.	of the registered
, . tr.,,,	s/were authorized by an affirmative vote of the members of the limited liability company or as otherwise articles of organization or the operating agreement of the limited liability company.	se provided in
	Z	1 - 1 -
Signati	Violet of Typed name of Sign	
he obli <sub>e</sub> o mere	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to exisions of all statutes relative to the proper and complete performance of my duties, and I am familiar obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume merely reflect a change in the registered office address, I hereby confirm that the limited liability compified in writing of this change.	comply with the with and accept ut is being filed any has been

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

Signature of Regionered Agent