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SECRETARY OF STATE

JUN 1 9 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAHANA ENTERPRISES LI (Name of A	MITED lien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Agent/Registered Office for Alien Business Organization and
Please return all correspondence concerning this	matter to the following:
JULIANA LOPES LEITE	
(Name of Person)	
JULIANA LEITE P.A.	
(Firm/Company)	
(i iiii company)	그음 5
950 BRICKELL BAY DRIVE #2911	THLED July 15 PH P: 52
(Address)	
	Manager State of in
MIAMI-FL , 33131	
(City/State and Zip Code)	
	57 52 ST
For further information concerning this matter, p	
JULIANA LOPES LEITE at (30	05 ₎ 877 7613
at (rea Code & Daytime Telephone Number)
(Name of Ferson)	ca code & Daytime Perephone (Valnoer)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy

INHS23 (08/05)

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. LAHANA ENTERP	RISES LIMITED		
	(Name of alien busines	s organization)	
2. <u>02/05/1997</u>	3, Q97000000012	4. <u>N/A</u>	
(Florida registratio	on date) (Florida docum	ent number) (FEI Numb	per, if applicable)
_{5.} 950 BRICKELL BA	Y DRIVE #2911, MIAMI-FL, 3		
	(Principal office	address)	
6. Name and address of	registered agent and office curr	ently on record with this office	:
SHILIVA	AN MANAGEMENT INC.		
SOLLIVA	IN WANAGEWENT INC.		
<u>601 BRI</u>	CKELL KEY DRIVE, SUITE	805	
MIAMI-F	L, 33131	1.20	
7. New registered agent	and/or office address:		三部 访
JULIAN	A LEITE P.A.		黑鱼工
950 BRIG	CKELL BAY DR. #2911		ce of the St
MIAMI-F	FL, 33131		
	(Note: Registered office must be	a Florida street address)	
8. The street address of registered agent are in	the registered office and the structure of the structure	eet address of the business office	ce of the
	thorized by the board of directe	ors or an officer of the corpora	tion so
10. M.J.	(Signature of chairman, vice c	hairman, or officer)	
ha /			
11. <u>MARIO M</u>	(Name and canacity of person	signing in number 10 above)	
I hereby accept the	gistered agent, if applicable: appointment as registered age ion 607,0505, Florida Statutes.		ept the
S/A	Deck.	06/10/2015	
(Registered ag	gent accepting appointment)		(Date)
	FILING FEE	. \$35.00	
Mak	riling ree: se checks payable to Florida Dej		

Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314

INHS23 (08/05)

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