LD9000029970

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| MAR - 6 2012 | | | | |
| L. SELLERS | | | | |
| | | | | |

Office Use Only



800223464098

03/02/12--01008---003 **25.00

SECHETARY OF STATE TALLAHASSEE, FLORIDA

2 MAR -2 PM hi h

COVER LETTER

| SUBJECT: INKA BUNNY, LLC. | | | | |
|---|--|--------------------------|----------------|------------------------------|
| | Name of Lin | nited Lia | ibility Comp | pany |
| Dear Sir or Madam: | | | | |
| The enclosed Registered A | .gent/Registered Off | ice Char | nge and fee(| s) are submitted for filing. |
| Please return all correspon | dence concerning th | is matte | r to the follo | owing: |
| MARY | H. FRANCO | | | |
| Name | of Person | | | |
| | SUNNY, LLC. | | *** | |
| , , | Company | | | |
| | . 181 STREET | | | |
| Ac | uress | | | |
| | II BEACH, FL 3316 | 62 | | , |
| City/State | and Zip Code | | | |
| INKABUNN E-mail address: (to be used for | Y@GMAIL.COM or future annual report notif | fication) | <u> </u> | |
| For further information co | ncerning this matter, | please o | all: | |
| MARY H. FR | ANCO 2 | ıt (<u>30</u> | 05) | 502-1980 |
| Name of Person | | • | Area Code | & Daytime Telephone Number |
| STREET/COURIE | R ADDRESS: | i | MAILING A | ADDRESS: |
| Registration Section | | Registration Section | | |
| Division of Corporat | ions | Division of Corporations | | |
| Clifton Building | • | P.O. Box 6327 | | |
| 2661 Executive Cent | | • | Fallahassee, l | Florida 32314 |
| Tallahassee, Florida | 32301 | | | |
| Enclosed is a chec | k 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 608.416 or 608.508, 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: | INKA BUNNY, LLC. | | | |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company | 1771 N.E. 181 STREET | | | |
| (Note: MUST BE STREET ADDRESS) | NORTH MIAMI BEACH, FL 33162 | | | |
| (b) Mailing address of limited liability company: | 1771 N.E. 181 STREET | | | |
| (Note: MAY BE POST OFFICE BOX) | NORTH MIAMI BEACH, FL 33162 | | | |
| 02/22/12 | L09000029970 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: | | | |
| Registered Agent: | MARY H. CAMPOS | | | |
| Registered Office Address: | 1771 N.E. 181 STREET | | | |
| | NORTH MIAMI BEACH, FL 33162 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | V Registered Office address: MARY H. FRANCO | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1771 N.E. 181 STREET | | | |
| (MUST BE FLORIDA STREET ADDRESS) | NORTH MIAMI BEACH, FL 33162 .FL | | | |
| 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 alteraffirmative 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. MARY H. FRANCO Printed or typed name of signee 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 608, 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 | nus veen nounce in writing of this change. | | | |

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