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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or $608.\overline{508}$, 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. The name of the limite	ed liability company is:	Kapak Trading & Compar	ıy, LLC	
		mpany is :		
4718 S.W. 67 Ave., St				
August 21, 2003		L0300003129	7	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of		tered office address as shown	on the records of the	
	765 Crandon Blvd.,	Suite 208		
	Key Biscayne, FL 3	Address 3149 State and Zip	<u>.</u>	
6. The name and address		•	0	
	Alejandro Nicolini		#FEB	
	4718 S.W. 67 Ave.	Name Suite B8	B-5	
	Florida street address	s (P.O. Box NOT acceptable)	3 77 7	
	Miami, FL 33155	FL .	# STA	
	City, S	tate and Zip	110HS	
confirmed that after the cand the business office of liability company, it is he	change or changes are me fithe registered agent with the registered agent with the red liability company or affihe lymited liability company or the lymited liability	under the laws of the State of ade, the Florida street address all be identical. Or, in the case change(s) was/were authorize as otherwise provided in the atompany.	of the registered office of a Florida limited ed by an affirmative vote of	
Roberto Raffo				
(Printed or typed name of signed		7	1. 7.C .1	
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or if address, I hereby confin	pintment as registered a ns of all statutes relative nd accept the obligation this document is being that the limited liabili	gent and agree to act in this co e to the proper and complete t ss of my position as registered filed to merely reflect a chang ty company has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of the distance Agent)	an of Cornerations D	O Roy 6327 Tallahasson F	. 32314	

FILING FEE: \$25.00