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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)	<u> </u>		
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Certified Copies	_ Certificates of	Status		
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
OFFICIAL OF CORPORATIONS
OFFICE OF CORPORATIONS
OFFICE OF CORPORATIONS

J. BRYAN

NOV 1 3 2008

**EXAMINER** 

	•	CO	VER LI	ETTER	
TO:	Registration Section Division of Corporations				
SUBJI	ECT: NIKOLAI PROPERTIES				_ 8
	(Name o	of Lin	nited Lia	ability Company)	
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered C	ffice	Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this n	natter to	the following:	
NIKOLA	AI GROUCHITCHEV				
	(Name of Person)		. •	<del></del>	o 💥
MIKOLA	NI PROPERTIES, L.L.C.				NATION OF CO
MINOLA	(Firm/Company)		·		2 32
20185	E.COUNTRY CLUB DR:#404 (Address)	<del></del>			12 PM 2: 23
MIAMI	FLORIDA 33180				<b>(</b> .f)
	(City/State and Zip Code)			_	
For fu	ther information concerning this matte	er, ple	ease call	i:	
NIKOL	AI GROUCHITCHEV	_ at (_	954	) 593-3884	
	(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	g am	ount:		
	☑ \$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: NIKOLAI PF	ROPERTIES,L.L.C.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 20185 E. COUNTRY CLUB DR. #404  MIAMI FLORIDA 33180
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	20185 E. COUNTRY CLUB DR. #404 MIAMI FLORIDA 33180
20244/2027	107000039000
<u>03/14/2007</u>	LU/000020009
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	GROUCHITCHEVA EKATERINA 23
Registered Office Address:	1750 NE 191 ST.#611
	MIAMI FLORIDA 33179
NEW Registered Agent:	GROUCHITCHEVA EKATERINA
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20185 E. COUNTRY CLUB DR. #404
· · · · · · · · · · · · · · · · · · ·	MIAMI
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
torginate of a memory of authorized representative of a memory	
NIKOLAI GROUCHITCHEV (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	

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