L0800003974/

(Requestor's Name)			
(Kednezioi 2 Mailie)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
į			

Office Use Only



600306742996

12/28/17--01006--012 **25.00

STULL KAY OF STATE ALLABASSTELFLORIO

COVER LETTER

TO: Registration Section Division of Corporations					
JBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
Raz Tako ——					
Name of Person	 -				
Tako Law, PLLC					
Firm/Company					
750 East Prospect Road					
Address					
Fort Lauderdale, Florida 33334					
City/State and Zip Code					
raz@takolaw.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Raz Tako	954 874-5294				
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	☐ \$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 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

a) 75	50 East Prospect Road		(b) 750 East Prospect Road		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
F	Fort Lauderdale, Florida 33334		Fort L	auderdale, Florida 33334	
4,	/21/2008		L08000	0039741	
	Date of filing/registration in Florida	4.		Document number	
(a) R	Raz Tako				
	egistered Agent and Registered Office shown on the reco	ds of the Flori	ida Dept. of S	State:	
			•		
2	200 Southeast 6th Street		•		
R	200 Southeast 6th Street egistered Office Address (MUST BE FLORIDA STR Suite 207	EET ADDRE	<u>SS)</u>		
R	egistered Office Address (MUST BE FLORIDA STR	<u>eet addre</u> _, fl_3330			
к - - -	egistered Office Address (MUST BE FLORIDA STR Suite 207			17 050 28	
	egistered Office Address (MUST BE FLORIDA STR Suite 207 Fort Lauderdale	_, _{FL} 3330	1		
$\frac{1}{R}$ F b) $\frac{R}{Er}$	egistered Office Address (MUST BE FLORIDA STR Suite 207 Fort Lauderdale az Tako	_, _{FL} 3330	1	28 AH 7: North of 31 SSECUTIO	
b) $\frac{R}{Er}$	egistered Office Address (MUST BE FLORIDA STR Suite 207 Fort Lauderdale az Tako	_, _{FL} 3330	1		

was/were authorized by an affirmative 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.

PZ	Raz Tako
Signature of a member or authorized representative of a member	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 605, 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