## 08000078980

	•				
(Requestor's Name)					
(Ad	ldress)				
<b>(</b> · · ·	,				
(Address)					
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	Cartificates	of Status			
Certified Copies	_ Certificates	Ol Status			
Special Instructions to Filing Officer:					
i i					

Office Use Only



400168469134

02/17/10--01015--010 \*\*25.00

10 FEB 17 MILLS TATE
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

FEB 1 8 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corp	orations					
SUBJECT:	KALINA L	.ANGL	JAGE	SERVICE	SLLC	
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered	d Agent/Registered	Office (	Change	and fee(s) ar	e submitted fo	r filing.
Please return all corresp	ondence concerning	g this m	atter to	the following	g:	
Svet	lana Kalinskaya					
	ame of Person			_		
Kalina I ar	nguage Services L	I C			•	≥SE <b>5</b>
	irm/Company			_		FEB 17 AM 11: 44 CRETARY OF STATE LAHASSEE. FLORIT
						85 B
						SSE 7
2748	Oak Park Court			_		EF. F.
	Address					75 = (
						85 F
- Tallal	nassee, FI 32308					şm F
City/S	State and Zip Code			_		_
huzv	kin@vahoo.com				•	•
E-mail address: (to be use	kin@yahoo.com ed for future annual report	notificatio	n)	-		
For further information	concerning this ma	tter, plea	ase call:			
Svetlana K		at (_	850	_)	567-9013	
Name of Pe	rson		F	Area Code & Day	ytime Telephone N	lumber
STREET/COUR Registration Secti	IER ADDRESS:			ILING ADD		
Division of Corpo				sion of Corpo		
Clifton Building				Box 6327		
2661 Executive C			Talla	ahassee, Flori	da 32314	
Tallahassee, Flori	da 32301					
Enclosed is a cl	neck for the follow	ing amo	ount:			
\$25 Filing Fe	e		\$5	5 Filing Fee	& Certified Co	ору

TO: Registration Section

## 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: KALINA	A LANGUAGE SERVICES LLC				
2. (a) Principal office address of limited liability company	2748 Oak Park Court				
[√] ( <u>Note: MUST BE STREET ADDRESS</u> )	Tallahassee, Fl 32308				
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
08/18/2008	L08000078980				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	Svitlana Kalinska				
Registered Office Address:	2748 Oak Park Court ER T				
	Tallahassee, Fl 32308				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office address:				
NEW Registered Agent:	Svetlana Kalinskaya				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2748 Oak Park Court				
(MUST BE PLOKIDA STREET ADDRESS)	Tallahassee ,FL 32308				
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 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.					
Signature of a member or authorized representative of a member	•				
Svetlana Kalinskaya 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 pre and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for rely reflect a change in the registered office y has been notified in writing of this change.				

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