## LU9000063415

(Rec	questor's Name)	<u></u> _			
(Add	dress)	<del>.</del>			
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## COVER LETTER

KFAB, LLC		
SUBJECT: Nam	e of Limited Liability Company	<del></del>
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:	
Nikita Basdeo		
Name of Person	<del></del>	
Ganot Capital LLC		
Firm/Company		
4601 Sheridan Street, Suite 600		
Address		
Hollywood, FL 33021	-	20
City/State and Zip Code	<del></del>	ZHI OCT
nikitab@ganotcapital.com		700
E-mail address: (to be used for future annual	ual report notification)	SELECTION OF THE PROPERTY OF T
For further information concerning this matter,	please call:	
Nikita Basdeo	954 985-2400	200
Name of Person	Area Code & Daytime Telepho	ne 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	
INHS18 (2/14)		

## 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 Florida.

1. Na	ame of the limited liability company:	KFAB, LLC						
2. (a)	4601 Sheridan Street, Suite 60	0 (b) 4601 S		heridan Street, Suite 600				
( )	Principal office address of limited lial (Note: MUST BE STREET A)		_ (*.		Mailing address of l (Note: MAY BE			
	Hollywood, FL 33021		_	Hollywoo	od, FL 33021			
	06/30/2009			L090000	63415			
3.	Date of filing/registration in	Florida	4.		Document num	ber		
5. (a)	CT Corporation							
. ,	Registered Agent and Registered Office show Registered Office Address (MUST BE FI	<del> </del>			- ::			
	1200 South Pine Island Blvd	<u>LORIDA STREET A</u>		<u>.                                    </u>				
	Plantation	. FL	33324					
(b)	Etan Mark  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Mark Migdal & Hayden				SLUARAS TALLARAS	2018 OCT -		
	NEW Registered Office Address:			<del>-</del>	•	쏡	<del></del>	a a
	80 SW 8th Street, Suite 1999						P	-
	Miami	, FL_	33130			#01#0 17.14	1: 28	
the cha agent v was/w the art	imited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of icles of organization or the operating a standard ture of a member or authorized representative of	street address of lorida limited lia of the members of the lorida limited lia of the lorida member	the regis bility co f the lim limited li Har	tered office mpany, it is ited liability iability com vey L. Lic	e and the busine is hereby confirm y company or as apany. htman  Printed or typed n	ss office oned that the sotherwise	of the rate character prov	registered nge(s) ided in
provisi the obi to mer notifie	by accept the appointment as registere ons of all statutes relative to the proping at the proping as registered a cly reflect a change in the registered of in writing of this change.	ed agent and agreer and complete pagent as provided office address, I h	re to act performa I for in C ereby ca	in this cape ince of my e Thapter 605 onfirm that	acity. I further of duties, and I am , F.S. Or, if this the limited liabi	agree to c familiar s documer lity compo	omply with a it is be any ha	with the nd accept ring filed s been