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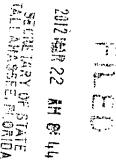
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies (Certificates of Status	_	
Special Instructions to Filing Officer:			

Office Use Only



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T. CLINE

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EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2012

AQUILES ALBERTO VIOTTI 19370 COLLINS AVE #1411 SUNNY ISLES BEACH, FL 33160

SUBJECT: HANIKRA, LLC Ref. Number: L10000030241

We have received your document for HANIKRA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 712A00008592

2012期822 期 844

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Hanikra, LLC Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered O	fice Change and fee(s	s) are submitted for	filing.		
Please	return all correspondence concerning	his matter to the follo	wing:			
	Aquiles Alberto Viotti Name of Person					
	Name of 1 cison					
	Hanikra, LLC Firm/Company	•				
	19370 Collins Ave #1411					
	Address				2012	
	Sunny Isles Beach, FL 33160	_		是是	是	
	City/State and Zip Code				22	
	aquilesalbertoviotti@hotmail.co	m			30	
E-1	aquilesalbertoviotti@hotmail.co mail address: (to be used for future annual report no	ification)		0	çç	
For fu	rther information concerning this matte	, please call:			4	
	Aquiles A. Viotti	at (<u>786</u>)	312-5058		_	
	Name of Person	Area Code &	Daytime Telephone Num	iber		
	STREET/COURIER ADDRESS:	MAILING A	DDRESS:			
	Registration Section	Registration S				
	Division of Corporations Division of Corporations					
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, F	lorida 32314			
	Enclosed is a check for the following	amount:				
[\$25 Filing Fee	\$55 Filing F	ee & Certified Copy	у		

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:	Hanikra, LLC		
2. (a) Principal office address of limited liability company	y: 18201 Collins Ave Spa301		
(Note: MUST BE STREET ADDRESS)	Sunny Isles, FL 33160		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	18201 Collins Ave Spa301 Sunny Isles, FL 33160		
03/18/2010	L10000030241		
	4. Document number		
(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Aquiles Alberto Viotti		
Registered Office Address:	18201 Collins Ave Spa301 Sunny Isles, FL 33160		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: ONLY REFERENCE ADDRESS:			
(MUST BE FLORIDA STREET ADDRESS)	19370 Collins Ave #1411 Sunny Isles ,FL33160		
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
Aquiles Alberto Viotti	-		
Printed or typed rame of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter, 608-F.S. Or lift this documents is being filed to men address, I shereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition; as registered agent as provided for in elyireflectiatchange, in the registered office has been notified in writing of this change.		
Signature of Registered Agent			
Division of Corporations, P.O. Box 632 FILING FEE: \$2	· · · · · · · · · · · · · · · · · · ·		

INHS18 (05/08)