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K. SALY MAR - 7 2017

COVER LETTER

Division of Corporations			
SUBJECT: MIKGORAN, LLC		(1.11) C	
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Donna Bertucci			
Name of Person			
Corporate Direct, Inc.			
Firm/Company	· · · · · · · · · · · · · · · · · · ·		
2248 Meridian Blvd., Ste H			
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Minden, NV 89423			30
City/State and Zip Code			
info@corporatedirect.com			
E-mail address: (to be used for future and	ual report noti	ication)	
For further information concerning this matter	, please call:		
Donna Bertucci	at (<u>7</u> 75	782-2201	
Name of Person		Area Code & Daytime Telephone N	umber
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 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:	KGORAN,	LLC		
2. (a)	1321 UPLAND DR., STE 1130	o	(b) 1321 UPLAND DR., STE 1130		
2. (u)	Principal office address of limited liability (Note: MUST BE STREET ADDRI	company:	· /	Mailing address of li	POST OFFICE BOX)
	HOUSTON, TX 77043		HOUST	ON, TX 77043	
	03/22/2010		L100000	031135	
3.	Date of filing/registration in Flor	ida 4.		Document numb	per
5. (a)	GERRI DETWEILER				
J. (4)	Registered Agent and Registered Office shown on	the records of the Flori	da Dept. of State	- e:	
	1037 GREYSTONE LANE				
	Registered Office Address (MUST BE FLORIS	DA STREET ADDRES	<u>:2)</u>	- ·	F 2
					F6 3 71
	SARASOTA	, _{FL} 3423	2	-	2011 HAR -3 MINI: OU SECONDAYSEE. FI ORID
(b)	REGISTERED AGENT	S, INC.			SEPTE TO
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office a	ddress:	-	70.2
	3030 N. ROCKY POIN	T DR., STI	E 150A		5
	NEW Registered Office Address:			-	
				-	
	TAMPA	, _{FL} 3360	7	_	
the cha agent v was/we the arti	imited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreement of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a	t address of the reg la limited liability. e members of the li ment of the limited ember	istered office company, it is mited liability liability com	e and the business is hereby confirmed y company or as on a pany. Printed or typed nate	s office of the registered ed that the change(s) otherwise provided in
provisi the obl to mero notified	of accept the appointment as registered against of all statutes relative to the proper against of any position as registered agent ely reflect a change in the registered office d in writing of this change.	d complete perform as provided for in address, I hereby	nance of my c Chapter 605 confirm that i	duties, and I am f , F.S. Or, if this the limited liabili	damiliar with and accept document is being filed ty company has been

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