

L100000 049161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT.

☐ MAIL

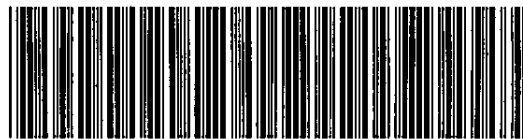
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA PARTY BOUNCE RENTAL, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIAN AGAMI

Name of Person

Firm/Company

6590 SW 152 PL.

Address

MIAMI, FL. 33193

City/State and Zip Code

cevallos123@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN CEVALLOS at ( 305 ) 8126639

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 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: FLORIDA PARTY BOUNCE RENTAL, LLC

2. (a) Principal office address of limited liability company: 6590 SW 152 PLACE  
(Note: **MUST BE STREET ADDRESS**) MIAMI, FL. 33193

(b) Mailing address of limited liability company: 6590 SW 152 PLACE  
(Note: **MAY BE POST OFFICE BOX**) MIAMI, FL. 33193

05/07/2010

3. Date of filing/registration in Florida

L10000049161

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CHRISTIAN CEVALLOS

Registered Office Address:

13454 SW 68 TER.  
MIAMI, FL. 33183

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

FABIAN AGAMI

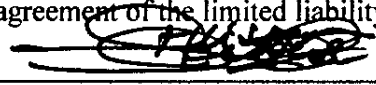
NEW Registered Office Address:

6590 SW 152 PLACE

(**MUST BE FLORIDA STREET ADDRESS**)

MIAMI, FL. 33193

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

CHRISTIAN CEVALLOS

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 608, 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.

FA  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00