L1000062690

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6/20/14

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SIK Holding	S , L L C of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Oded Cohen Name of Person				
SIK Holdings, LL Firm/Company	<u></u>			
2250 Lucien Way	1 世 270			
Mailland, FL 32751 City/State and Zip Code				
oded @ royal Palm homes, net				
E-mail address: (to be used for future annua	report notification)			
For further information concerning this matter, pl	·			
Oded Cohen Name of Person	at (407) 260 - 8777 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			
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. N	ame of the limited liability company:SIK	Holding	15. LLC
2 (a)	2250 Lucien Way	(b)	•
2. (4)	Principal office address of limited liability company:	(17)	Mailing address of limited liability company:
	(Naje: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Suite 270		
	Maitland, FL 32751		
	6/11/2010	L1	0000062690
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Flick, Tames		
J. (L)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of St	ate:
	3700 South Conway		
	Registered Office Address (MUST BE FLORIDA STREET A		500 B
	Suite 100		Fig. 2
~	Orlando ,FL	32812	FILED PH 4: 3
			SSE B
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		- The F
	Enter name of NEW Registered Agent and/or NEW Registered O	ntice address:	15 F
	Linda Dale D Comp	any P.	
	NEW Registered Office Address:		
	445 West Mervitt	Ave.	
	Mervitt Island FL	32 953	
			- :
he chai	mited liability company is not organized under the laws age or changes are made, the Florida street address of th	ne registered offic	e and the business office of the registered
igent w	ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	ility company, it	is hereby confirmed that the change(s)
he artic	les of organization or the operating agreement of the lin	mited liability co	mpany.
<	K.1.	Ste	ven Kodsi.
	of a moniber of authorized representative of a member		Printed or typed name of signee
l hereb provisio	y accept the appointment as registered agent and agree us of all statutes relative to the proper and complete pe	e to act in this cap erformance of my	pacity. I further agree to comply with the duties, and I am familiar with and accent
he oblij o merei	gations of my position as registered agent as provided f ly reflect a change in the registered office address. I he	โด้r in Chapter 60 reby confirm that	5, F.S. Or, if this document is being filed the limited liability company has been
otified	or accept the appointment as registered agent and agree us of all statutes relative to the proper and complete pegations of my position as registered agent as provided to reflect a change in the registered office address, I he in writing of this change.	2	The state of the s
	of Registered Agent		
	-		