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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations Kamehameha Management 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: Kamehameha Management LLC Firm/Company 2061 NW 112 Ave # 133 Miami FL 33172 City/State and Zip Code aalvaradomiami@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angel B Gomez Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO:

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: Kamehameha Managem	nent LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	2: 2061 NW 112 Ave # 133 M:ami FL 33172	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2061 NW 112 Ave #133 Miami FL 33172	
OO/31 / 2010 3. Date of filing/registration in Florida	<u>L 100000 91801</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State	e:
Registered Agent:	Alejandra Alvarado	
Registered Office Address:	2061 NW 112 Ave #133 Miami FL 33172	·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	W Registered Office address: Angel B Gomez	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2061 NW 112 Ave #133 Miami FI 3317	2
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Avae B. Gonzez Printed or typed name of signce I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of the obligations of my positive to the province of the confirmal than accept the obligations of my positive to the province of the province of the confirmal than the limited liability company. Signature of Registered Agent	aws of the State of Florida, it is hereby lorida street address of the registered o ical. Or, in the case of a Florida limite was/were authorized by an affirmative se provided in the articles of organization.	ffice d e vote of ion or

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00