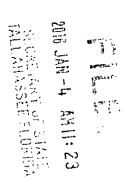
## 610000099354

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





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01/04/16--01018--022 \*\*25.00

JANO 6 2016 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Prima Merchants LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerr	ning this matter to the following:				
Manon van Keeken					
Name of Person					
Prima Merchants LLC					
Firm/Company	· · · · · · · · · · · · · · · · · · ·				
23641 SW 133 Ave, Unit 8					
Address					
Homestead, FL 33032					
City/State and Zip C	Code				
manondvk6@primamerchants.com	m .				
E-mail address: (to be used for futu	re annual report notification)				
For further information concerning this n	natter, please call:				
Manon van Keeken	305 at () 9680595				
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				
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	me of the limited liability company: Prima M	lerchants LL	.C	
2. (a)			b)	
2. (u)	Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS)	ny:	N .	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	23641 SW 133 Ave, Unit 8		23641 S	W 133 Ave, Unit 8
	Homestead, FL 33032		Homeste	ead, FL 33032
	09/22/2010		L1000009	99354
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Priamo Fernandez			
). (a)	Registered Agent and Registered Office shown on the reco	ords of the Florid	a Dept. of State	· :
	Registered Office Address (MUST BE FLORIDA ST.	REET ADDRES	<u></u>	
	8401 NW 90TH ST			
	Miami	_, <sub>FL</sub> _33166	, , , , , , , , , , , , , , , , , , ,	
(b)	Priamo Fernandez			33
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office ac	ldress:	
				111: 23 Linking
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		3 · · · · · · ·
	23641 SW 133 Ave, Unit 8		M	
	Homestead	_, <sub>FL</sub> _33032	2	
he cha gent w vas/we	imited liability company is not organized under unge or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limber authorized by an affirmative vote of the memorial of organization or the operating agreement	the laws of the ress of the regi ited liability cubers of the lim of the limited	e State of Flo istered office ompany, it is nited liability liability com	and the business office of the registers hereby confirmed that the change(s) company or as otherwise provided in pany.
///	anon van Keehen		non van K	•
I herel provision he obli o mere porfied Tra	ture of a member or authorized representative of a member by accept the appointment as registered agent at ons of all statutes relative to the proper and configations of my position as registered agent as problem of the change in the registered office address in the registered office address in the registered of the change.	nd agree to ac	t in this capa nance of my a Chapter 605, onfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and acce, F.S. Or, if this document is being file the limited liability company has been

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

INHS18 (2/14)