LICOCCI	17694
(Requestor's Name) (Address)	200306091662
(City/State/Zip/Phone #)	12/01/1701010017 ★★700.00
(Business Entity Name)	17 Di
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	THE OF ANTI-
Office Use Only	

## 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.

(a)	1001 Brickell Bay Drive	(b) <sup>10</sup>	01 Brickell Bay Drive		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 2908	Su	Suite 2908		
	Miami, FL 33131	Mia	ami, FL 33131		
	02/10/2011	L11	000017694		
	Date of filing/registration in Florida	-4.	Document number		-
(a)	Amicorp Fiduciary Services LLC				
(b) .	Registered Agent and Registered Office shown on the record 1001 Brickell Bay Drive	ds of the Florida Dept.	of State:		
	Registered Office Address <u>(MUST BE FLORIDA STR</u> Suite 2908	<u>EET ADDRESS)</u>			
	Miami	, FL_33131		<b>17</b>	
	Amicorp Corporate Services LLC			DEC - I	Г
	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office address:	+	· · ·	٢
	1001 Brickell Bay Drive			20 20 1 1	
	NEW Registered Office Address:				
	Suite 2908			57 97	
	Miami	, FL 33131			

EDaiff	Eugenijus Vilunas & Elena Ramonaite-Kazlaus
Signature of a member or authorized representative of a member	ANAGERS OF STICKTING UC NANAGEHENT
I hypervaccept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe- yie obligations of my position as registered agent as provided for	formance of my duties, and I am familiar with and accept
to merely reflect a change in the registered office address. The notified in writing of this change.	eby confirm that the limited liability company has been
Signature of Reprotected Agent	

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25,00

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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FIGHTING OKRA 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:

z.bolanos@amicorp.com

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Name of Person

Amicorp Corporate Services LLC

Firm/Company

1001 Brickell Bay Drive, Suite 2908

Address

Miami, FL 33131

City/State and Zip Code

vl\_usasupport@amicorp.com

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

For further information concerning this matter, please call:

Zully Bolanos	+1305 3003921	3003921	
Name of Person	Area Code & Daytime Telephone Numb	– ker	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		

Enclosed is a check for the following amount:

S25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

fNHS18 (2-14)