11000027437

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

Office Use Only



200251963512

09/27/13--01033--003 **25.00

SEP 3 0 2013

• COVER LETTER

TO: Registration Section Division of Corporations			•		
SUBJECT: KELISMAR					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change as	nd fee(s) are	submitted for filing.		
Please return all correspondence concernin	g this matter to th	e following:			
Kelly Magrane					
Name of Person					
<u></u> 577 51657					
KELIISMAR					
Firm/Company	**				
5971 NE 3rd AVE			en pad		
Address					
Fort Lauderdale, FL 33	334		THE SEP 27		
City/State and Zip Code					
kellymagrane@yahoo.d	com		PH 3: 29 GF STATE FLORIDA		
E-mail address: (to be used for future annual report	t notification)	•	PID PAGE		
For further information concerning this ma	tter, please call:		45		
Kelly Magrane	_ _{at} 201	832 0	805		
Name of Person	Aı	ea Code & Dayt	ime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florid	a 32314		

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered			
1. Name of the limited liability company: KELISMAR				
2. (a) Principal office address of limited liability company.	5971 NE 3RD AVE			
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 33334			
(b) Mailing address of limited liability company:	5971 NE 3RD AVE			
(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL 33334			
March 7, 2011	L11000027937			
3. Date of filing/registration in Florida	Document number			
5. (a) Registered Agent and Registered Office shown on the				
Registered Agent:	Matt Pfleging, LegalZoom.com INCU			
Registered Office Address:	United States Corporations Agents, INC			
	13302 Winding Oak Court Suite A Tampa Fl 33612			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address: 23			
NEW Registered Office Address:	5971 NE 3rd Ave			
(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale ,FL 33334			
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				
Kelly Magrane Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			

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