

L12000060490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

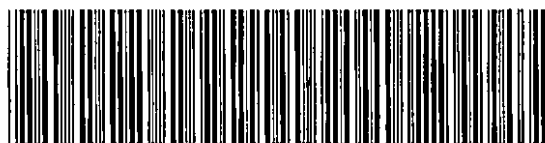
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

KELLY GROENENBOOM
3501 W VINE ST, STE 399
KISSIMMEE, FL 34741

SUBJECT: DEVINAR, LLC
Ref. Number: L12000060490

We have received your document for DEVINAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00000547

RECEIVED

JAN 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEVINAR 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:

KELLY GROENENBOOM

Name of Person

KAT REALTY & PROPERTY MANAGEMENT LLC

Firm/Company

3501 WEST VINE STREET, SUITE 399

Address

KISSIMMEE, FL 34741

City/State and Zip Code

kelly@katrealtyflorida.com

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

For further information concerning this matter, please call:

KELLY GROENENBOOM

Name of Person

at (407)

943-8734

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

**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. Name of the limited liability company: DEVINAR LLC
2. (a) FEBRUARISTRAAT 121
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Almere, Flevoland 1335AP NL
Netherlands, Europe
- (b) 2570 CHANNEL WAY
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
KISSIMMEE, FL 34746
3. 05/04/2012
Date of filing/registration in Florida
4. L12000060490
Document number
5. (a) KOPER, MARJON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2570 CHANNEL WAY
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
KISSIMMEE, FL 34746
- (b) KELLY GROENENBOOM
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3501 WEST VINE STREET, SUITE 399
NEW Registered Office Address:
KISSIMMEE, FL 34741

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

KANHAI, JOHNNY

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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