

L12000060490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

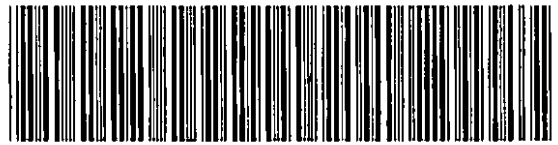
(Business Entity Name)

(Document Number)

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18 JAN 22 PM 2:50  
JAN 18 2018

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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**

at ( 407 )

943-8734

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

**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 (b) 2570 CHANNEL WAY

Principal office address of limited liability company:

Mailing address of limited liability company

*(Note: MUST BE STREET ADDRESS)*

*(Note: MAY BE POST OFFICE BOX)*

Almere, Flevoland 1335AP NL

KISSIMMEE, FL 34746

Netherlands, Europe

05/04/2012

L12000060490

3. Date of filing/registration in Florida

4. 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 *(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

18 JAN 22 PM 2:50

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 relative 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

*[Handwritten Signature]*

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