## #4/2000081966

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SECRETARY OF STATE

K.SALY EXAMINER JUL 2 9 2013

## **COVER LETTER**

Registration Section Division of Corporations BOHOBOMA, 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: SANDRA BOWYER Name of Person BOHOBOMA, LLC Firm/Company 15750 SW 82ND AVENUE Address MIAMI, FL 33157 City State and Zip Code SANDRÁBOWYER@HOTMÁIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDRA BOWYER Name of Person MAILING ADDRESS: STREET COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Taliahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.508, 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	у company: воновома ц	.c	
2 (a) Principal office address	of limited liability com	nany: 15750 SW 82ND AVENUE	
(Note: MUST BE ST	REET ADDRESS)	PALMETTO BAY, FL 33157	
			-\(\frac{\cup_{\cip}}}\cup_{\cip}}\cup_{\cip}}\cipp}\cip}\cip}\cip}\cip}\cip}\ci
			60 %
(b) Mailing address of limi	ted liability company	15750 SW 82ND AVENUE	
(b) Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		PALMETTO BAY, FL 33157	- <del>/ / / / / /</del>
(Avail: MAIT BETOD	1 OI I ICL BOX	Training to Brigge a dotter	10.50
		. ,	河宫 李
		L12000081966	100 P
3 Date of filing registration in	i Florida	4. Document number	
9 B			
5 (a) Danistand A	1.000		, on on
5 (a) Registered Agent and F	Registered Office shown	on the records of the Florida $\Gamma$	Pept. of State.
<b>5</b>			
Registered Agent:		UNITED STATES CORPORATION AG	ENTS, INC.
Registered Office Address:		13302 WINDING OAK COURT	
_		SUITE A	
		TAMPA, FL 33612	
<u>NEW</u> Registered Agen	t	RACHLIN & ASSOCIATES , INC.	
NEWD 1000			
NEW Registered Office Address:		11120 N. KENDALL DRIVE	
<u>(MUST BE FLORIDA</u>	STREET ADDRESS)	SUITE 201	· · · · · · · · · · · · · · · · · · ·
	•	MIAMI	,F <u>L_</u> 33176
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited liability the operating agreement of the Signature of a member or authorized epression.	e or changes are made, the egistered agent will be is confirmed that the changoility company or as othe limited liability compar	ne Florida street address of the dentical. Or, in the case of a Fl ge(s) was were authorized by a erwise provided in the articles o	ranistared office
SANDRA BOWYER Printed or typed name of signee	<del></del>	<del></del> -	
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this d address, I hereby confirm that	nt as registered agent a ull statutes relative to th ept the obligations of m ocument is being filed to the limited liability com	nd agree to act in this capacity e proper and complete perform y position as registered agent o o merely reflect a change in the pany has been notified in writi	. I further agree to ance of my duties, an provided for in registered office ng of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$2500

Signature of Registered Agent