

| (Requestor's Name)                      |        |
|---|--------|
| (Address)                               |        |
|   |        |
| (Address)                               |        |
| (City/State/Zip/Phone #                 | )      |
| , ,                                     | ,      |
| PICK-UP WAIT                            | MAIL   |
|   |        |
| (Business Entity Name)                  |        |
| -                                       |        |
| (Document Number)                       |        |
|   |        |
| Certified Copies Certificates of        | Status |
|   |        |
| Special Instructions to Filing Officer: |        |
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Office Use Only



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2019 JAN - 2 PH 4: 31

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## COVER LETTER

| TO: Registration Section Division of Corporations  |   |        |          |   |
|--|---|--------|----------|---|
| SUBJECT: SINZCIUD 11c Name of Limite   | ed 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   | o the following:  |        |          |   |
| Vivilia Houston Name of Person   |   |        |          |   |
| SINZ Club IIC Firm/Company   |   |        |          |   |
| 601 Silks Run #22  | 199_  | IXI:   | 2019     | • |
| Hallandale, FL. 33<br>City/State and Zip Code  | 009   |        | JAN - 2  |   |
| E-mail address: (to be used for future annual report   | notification)   |        | PH 4: 31 |   |
| For further information concerning this matter, please cal   | II:   | 7.     |          |   |
| Name of Person at (  | 786) 390-2091<br>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  |        |          |   |

INHS18 (2/14)

## 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. N            | ame of the limited liability company:  | <u> Uluk</u>                   | <u>0 11</u>                 | <u> </u>                                  |                       |                   |                     |
|-----------------|--|--------------------------------|-----------------------------|---|-----------------------|-------------------|---------------------|
|                 | 6015/1KS Run #2499 Ha  | ilandal                        | le, FL                      | , 33009                                   |                       | (Sc               | -<br>ح رساب         |
| 2. (a)          | Principal office address of limited liability company:   | 20. (0)                        |                             | ing address of limite                     | d liability           |                   |                     |
|                 | (Note: MUST BE STREET ADDRESS)   |                                | Œ                           | Note: MAY BE POS                          | T OFFIC               | <u>E BOX</u>      | 9                   |
|                 |  |                                |                             |   |                       |                   |                     |
|                 |  |                                |                             |   |                       |                   |                     |
|                 |  |                                |                             |   |                       |                   |                     |
|                 | Dagge her 06, 7018   | 1                              | 120                         | 001482                                    | 8                     |                   |                     |
| 3.              | December 26, 2018  Date of filing/registration in Florida  | 4.                             |                             | ocument number                            | <u></u>               |                   |                     |
|                 |  |                                |                             |   |                       |                   |                     |
| 5. (a           | Registered Agent and Registered Office shown on the records of the   | ne Florida Dent                | of State:                   |   |                       |                   |                     |
|                 | registered registered white shows on the records of the  | io i konou isopi.              |                             |   |                       |                   |                     |
|                 | Registered Office Address (MUST BE FLORIDA STREET A  | DDBESS                         |                             |   |                       |                   |                     |
|                 | <u> </u>   |                                |                             |   |                       | 20                |                     |
|                 | 601 Silks Run #2499  |                                |                             |   |                       | <b>5</b>          | Carrier 1           |
|                 | Hallandole ,FL   | 330                            | 09                          |   | -c                    | E.                | elitares.           |
|                 |  |                                |                             |   |                       | <b>~</b> •        | J. Same             |
| (b)             | Ramzi Naber  |                                |                             |   | ) + 1 - 1.<br>        | PH                |                     |
|                 | Enter name of NEW Registered Agent and/or NEW Registered C   | Office address:                | :                           |   |                       | ÷.                |                     |
|                 |  |                                |                             |   |                       | <br>دن            |                     |
|                 | America de la Companya de la Company |                                | <del></del>                 |   | 7-11                  |                   |                     |
|                 | NEW Registered Office Address:   |                                |                             |   |                       |                   |                     |
|                 |  |                                |                             |   |                       |                   |                     |
|                 |  |                                |                             |   |                       |                   |                     |
|                 | , FL_  |                                |                             |   |                       |                   |                     |
| If the          | limited liability company is not organized under the law   | 's of the Stat                 | e of Flori                  | da, it is hereby co                       | onfirmed              | d that :          | after               |
| the ch          | lange or changes are made, the Florida street address of t   | the registered                 | d office a                  | nd the business o                         | ffice of              | the re            | gistered            |
| agent<br>was/v  | will be identical. Or, in the case of a Florida limited lia<br>were authorized by an affirmative vote of the members of  | fility compa                   | iny, it is n<br>liability c | ompany or as oth                          | that the<br>terwise   | enang<br>provid   | e(s)<br>led in      |
| the ar          | ticles of organization or the operating agreement of the-l   | imited liabil                  | lity compa                  | iny.                                      |                       |                   |                     |
|                 |  |                                | <u>5.110</u>                | rinted or typed name                      | 1                     |                   |                     |
|                 | ature of a merriber or authorized representative of a member   |                                |                             |   | •                     |                   |                     |
| - Lher<br>provi | eby accept the appointment as registered agent and agre<br>sions of all statutes relative to the proper and complete p   | ze to act in ti<br>performance | his capaci<br>e of my du    | ity. I further agre<br>ties, and I am fan | ze to coi<br>niliar w | mply v<br>ith and | vith the<br>Laccept |
| the of          | sions of all statutes relative to the proper and complete poligutions of my position as registered agent as provided rely-reflect a clippge in the registered office address, I have   | I for in Chap<br>ereby confir  | otër 605, F<br>em that the  | C.S. Or, if this do<br>Llimited liability | cument<br>compar      | is beii<br>ıy has | ng filed<br>been    |
| notifi          | ed in writing of this change.  |                                |                             | •   | •                     | -                 |                     |
| ,               |  |                                |                             |   |                       |                   |                     |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent