

(Requestor's Name)		
(Address)		
(Ad	ldross)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Y STILKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COZA L. Name of L	LC . Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	range and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
FAUSTMA PACE Name of Person	
Kycoza, LLc. Firm/Company	
3618 South Dixin	e Highwy
Wrot Polm Beach Hus. City/State and Zip Code	11DA 33405
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
FARSTURA Pace and	305, 495 0784
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, fronta 52,514
Enclosed is a check for the following amou	nt:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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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: Kycoza	LLC
2. (a) 3618 S. DI DIE HICHURY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) WEST PAINT BEACH FLOUNDA 33405	(b) 3635 S. DIXIE Higher Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) WEST PAIN BEACH Flor DA 33405
2013	L13000047720
5. (a) Registered Agent and Registered Office shown on the records of the F HAS PAME TO ST. Registered Office Address MUST BE FLORIDA STREET ADD	
(b) FALSTINA PACE Enter name of NEW Registered Agent and/or NEW Registered Office Address: NEW Registered Office Address:	33405 TALLA SECULE AM 50 40 ice address:
Wast Palm Beaut FL	33405
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the limited liability of a member of authorized representative of a member. I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change. Signature of Registered Agent	registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in itted liability company. Printed or typed name of signce

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