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COVER LETTER

TO: **Registration Section** Division of Corporations

Prime Properties KAA LLC

SUBJECT: ____

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:

Ali Adham

Name of Person

Prime Properties KAA LLC

Firm/Company

401 E. Las Olas Blvd #130-354

Address

Ft Lauderdale FL 33301

City/State and Zip Code

alialoan@hotmail.com

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

For further information concerning this matter, please call:

Ali Adham	954 560-5849
	at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES	SS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the foll	lowing amount:
☑ \$25 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.

I. Na	ame of the limited liability company:Prime	Propertie	es KAA LL	C
		(t)	
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2015 N. Federal HWY Apt 101		401 E. La	s Olas Blvd #130-354
	Delray Beach FL 33483		Ft Lauder	dale FL 33301
	August 7, 2013		L13000)111315
3.	Date of filing/registration in Florida	4.	[Document number
5. (a)	Registered Agent and Registered Office shown on the records of			
		of the Florid	a Dept. of State:	
	Ali Adham			
	Registered Office Address (MUST BE FLORIDA STREE) 508 SW 6th Ave	T <u>ADDRES</u>	27	
	Ft Lauderdale	33315		2011 ALL
(b)				SECRETARY ALLAHASSE
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office <u>ac</u>	ld <u>ress</u> :	SS SS
	Ali Adham			
	NEW Registered Office Address:			
	2015 N. Federal HWY Apt 101			N N
	Delray Beach	_{FL_} 3348	3	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member, ticles of organization or the operating agreement of the	laws of the of the reg liability c s of the lir	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Mitathan		li Adham	
Sign	ature of a member or authorized representative of a member	·		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.	10114
	Villa
Signature of Registered Agent	0

11101101 2321 4

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