

U3000116045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

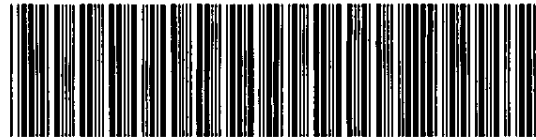
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260728065

06/02/14--01025--007 **25.00

Le
RACHG

14 JUN 31 2014
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

AUG 07 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2014

ALEXANDER POVOLI
14701 BARTRAM PARK BLVD STE 108
JACKSONVILLE, FL 32258

SUBJECT: KUPER-ALL USA, LLC
Ref. Number: L13000116045

We have received your document for KUPER-ALL USA, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 014A00012756

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kuver-AllUSA,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:

Alexander Povoli

Name of Person

Kuver-AllUSA,LLC

Firm/Company

14701 Bartram Park Blvd #108

Address

Jacksonville, Florida 32258

City/State and Zip Code

alex@kuverallusa.com

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

For further information concerning this matter, please call:

Alexander Povoli

Name of Person

at (954)

4700833

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

RECEIVED
14 AUG - 1 AM 11:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Kuver-AllUSA, LLC
2. (a) Alex Povoli/Steve Gelley CPA (b) Alex Povoli/Steve Gelley CPA
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
5789-A NW 151 st 5789-A NW 151st
Miami Lakes, FL 33014 Miami Lakes, FL 33014
08/16/2013 L13000116045
3. Date of filing/registration in Florida 4. Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays St
Tallahassee, FL 32301
- (b) Steve Samberg
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Steve Samberg
NEW Registered Office Address:
604 NE 14th Ave
Ft Lauderdale, FL 33304

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.

Alexander Povoli
Signature of a member or authorized representative of a member

Alexander Povoli
Printed or typed name of signer

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]
Signature of Registered Agent

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