L13000175764

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
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M. MILLIGAN EXAMINER

APR 11 2014



March 21, 2014

TONY SHALABY 14982 SW 30 TERR MIAMI, FL 33185

SUBJECT: KANDY KINGS VENDING LLC

Ref. Number: L13000175764

We have received your document for KANDY KINGS VENDING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 414A00006193

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: KANDY KINGS VENDING, 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:				
TONY SHALABY Name of Person				
KANDY KINGS VENDING, LLC Firm/Company				
14982 SW 30 TER Address				
MIAM FL 33185 City/State and Zip Code				
LOKESTARONE @ GMAIL.COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
TONY 5/1ALABY at (305) 807-05/6 Name of Person 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 \$25 Filing Fee & Certified Copy				
INHS18 (2/14) (SEE FRONT PAGE)				

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.

7 107 tad.	11. 18.1)	11.110.1	M Nico		
1. Name of the limited liability company	: KANDY R	(NGS, A	ENDING, I	16	
2. (a) 14982 SW 30 TER. MIA/ Principal office address of limited (Note: MUST BE STREET)	liability company:	(b) <u>[4982</u>	SW 30 TE) Mailing address of limi (Note: MAY BE PO	ted liability compa	ny:
3/1/14	in Pleaside	<u>-L13</u>	000 175	764	
Date of filling/registration(a) The SHALAF	37	!. 	Document númbe	,	
Registered Agent and Registered Office sh	own on the records of the F	lorida Dept. of Stat	te:		
Registered Office Address (MUST BE	FLORIDA STREET ADD	RESS)	_		
312 BUTTONY	100D (R. 1	<u> 3.</u>			
KEY LARGO	, FL	33037	_		
(b)			_		
Enter name of NEW Registered Agent ar	d/or NEW Registered Offi	ce address:			
TONY SHALAE	74		_		1
NEW Registered Office Address:	·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 5 7 7 5 7
14982 SW 30	KK.		_	34 S	
MIÄMI	, FL	33/85	_		
If the limited liability company is not orgathe change or changes are made, the Floric agent will be identical. Or, in the case of was/were authorized by an affirmative vot the articles of organization or the operatin	da street address of the a Florida limited liabili e of the members of th	registered offic ity company, it i e limited liabilit	e and the business of is hereby confirmed ty company or as of	office of the reg I that the chang	gistered e(s)
Signature of a member or authorized representati			JY SHALL	BY	
I hereby accept the appointment as regist provisions of all statutes relative to the or the obligations of my position as registers to merely reflect a change in the registers notified in writing of this change.	ered agent and agree t oper and complete per d agent as provided fo	formance of my r in Chanter 60.	duties, and I am fa 5. F.S. Or. if this d	ree to comply w miliar with and ocument is bein	l accept 19 filed
Signature of Registered Agent	\mathcal{F}				
Division of Co.	norations PO Roy	6377a Tallaha	ggoo El 22214		

FILING FEE: \$25.00