μ (Requestor's Name) (Address) 800301226698 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 07/14/17--01012--017 **25.00 Certified Copies _____ Certificates of Status Special Instructions to Filing Officer: 17 JUL 14 PH 4: 49 FILED Office Use Only

S. WARREN JUL 1 7 2017

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COVER LETTER

Registration Section TO: **Division of Corporations**

FLORIDA 427 LLC Name of Limited Liability Company SUBJECT:

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:

J20MAS NAVARRO Name of Person

MODERL KREATWAS LLC Firm/Company

5367 DAHLIA RESERVE DN. Address

KISSIMMESE FZ 34758 City/State and Zip Code

INAVARRO 427 @GMAIL - Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

40 127-195

at (<u>407</u>) <u>346</u> -5232 Area Code & Daytime Telephone Number

Name of Person

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:

4 \$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. Name of the limited liability company:7	FLORIDA 427 LLC
2. (a) 5367 DAULIA ROS DR Hus	<u>s</u> (b)
Principal office address of limited liability com (Nete: MUST BE STREET ADDRESS	npany: Mailing address of limited liability company:
元 34758	5367 DAHLIA RESERVE DAS
	KISSIMMEE TE 34758
4-28-2017	214000073067
3. Date of filing/registration in Florida	4. Document number
5. (a) LEGALINC CORPORATE	SERVICES INC
Registered Agent and Registered Office shown on the	
2846 NW 79TH AVENUE	-
Registered Office Address <u>(MUST BE FLORIDA</u>	
DORAL	
(b) MODERN KREATIONS	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
5367 DALLIA RE	J DR.
NEW Registered Office Address:	·
KISSIMMEE	, FL_34755
the change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida	l l l l l l l l l l l l l l l l l l l
	nber Printed or typed name of signee
Signature of a member or authorized representative of a mem	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and the obligations of my position as registered agent a to merely reflect a change in the registered office a notified in writing of this change.	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept is provided for in Chapter 605, F.S. Or, if this document is being filed adress, I hereby confirm that the limited liability company has been
XIS A	

Signature of Registered Agent

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

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