## L14000082063

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

то:	Registration Section Division of Corporations								
SUBJE	MIKA HOLDINGS, LLC  Name of Limited Liability Company								
Dear Si	ir or Madam:								
The end	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.						
Please	return all correspondence concerning	g this matter to th	e following:						
Holly N	likolich								
	Name of Person								
Mika &	Nikolich, PA								
	Firm/Company		<del></del>						
1330 M	ain Street, 2nd Floor, Office 1								
	Address								
Sarasota	a, FL 34236								
	City/State and Zip Co	de	<del></del>						
Holly1@	@mnfirm.com								
E	-mail address: (to be used for future	annual report not	tification)						
For fur	ther information concerning this ma	itter, please call:							
Holly N	likolich	941 at (	345-7941						
	Name of Person	··· \	Area Code & Daytime Telephone Number						
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the follow	ving amount:							
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						
INHS18	3 (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. Na	ame of the limited liability company:	S, LLC	:				
2. (a)	1330 Main Street, 2nd Floor, Office 1, Saarasota, FL 34236		(b) 330 Mair	n Street, 2nd Floo	r, Office 1.	Saaraso	ota, FL 342
<b>-</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	05/21/2014	_ -	L14000083				
3.	Date of filing/registration in Florida	4.		Document nui	nber		
5. (a)	Margaret Shoaf  Registered Agent and Registered Office shown on the records of the	ba Clusi	da Dani af Su				
	49 N. Washington Blvd., Suite 29	ne rion	ua izept. 01 St	ac.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del>-</del> -			
				_			
	Sarasota , FL	34236		_			
(b) .	Holly Nikolich				TĂĹ	2023	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	ĽÄĦ	AU LYAF	$\overline{\gamma}_i$
	1330 Main Street. 2nd Floor, Office 1				1 1 L 2023 AUG -7 TALLAHASSE		
	NEW Registered Office Address:			D23 AUG -7 AM 8: 48 FATTAHASSEE, FLORIDA			
	Sarasota , FL	34236	_	<del></del>	)RIDA	. դ8	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	registe bility c f`the li	red office as company, it mited liabili	nd the business of is hereby confirity company or a	office of the of the office of	he regi: he chai	stered 1ge(s)
	Men	Ho	lly Nikolich,	Authorized Mem			
•	ture of a member or authorized representative of a member			Printed or typed	_		,
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change	re to ac perform for in ereby c	et in this cap nance of my Chapter 60 confirm thai	pacity. I further duties, and I an 15, F.S. Or, if the timited liah	agree to on familiar is docume ility comp	comply with a ent is be eany ha	with the nd accept ring filed s been
Signatu	re of Registered Agent						

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