L14000102930

(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



600267861726

01/07/15--01017--018 **25.00

15 JAN -7 PH 3: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 12 2015 T. CARTER

COVER LETTER

TO:	Registration Section Division of Corporations								
SHRI	JBJECT:								
SUDJ	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The en	iclosed Registered Agent/Registered C	Office Change and fee	e(s) are submitted for filing.						
Please	return all correspondence concerning	this matter to the fol	lowing:						
	ANDRIY TKACHENKO								
	Name of Person								
MAAN FINANCIAL LLC / DBA: G8 VAN LINES									
	Firm/Company								
5321 NE 24TH TERR APT A303									
	Address								
	FORT LAUDERDALE, FL,	33308							
	City/State and Zip Code	· ·							
	nextplease83@gmail.com	m							
E	E-mail address: (to be used for future a	nnual report notifica	tion)						
For further information concerning this matter, please call:									
	Andriy Tkachenko	+1 305	414-4244						
	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	Regisi Divisi P.O. E	tration Section on of Corporations Box 6327 tassee, Florida 32314						
	Enclosed is a check for the following amount:								
	■ \$25 Filing Fee	□ \$55 H	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 torta	u.	INANCIA				
1. Na	ame of the limited liability company:					
2. (a)	5321 NE 24TH TERR APT 303 A	(b	_{o)} 5321 N	E 24TH TERR APT 3	303 A	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<i>,</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	FORT LAUDERDALE, FL , 33308	D. 2.4411.5778	FOR	T LAUDERDALE, FL	, 3330	8
	06/27/2014			L14000102930		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION A	AGENTS	, INC.			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of Star	— t e :		
	13302 WINDING OAKS COURT S	SUITE A				IA S
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	5)	_	5 JAN	ECRET
	TAMPA,1	FL3	3612	_	-7 PM	ARY O
(b)	ANDRIY TKACHENKO			_	ယ္	F STAT
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	<u>dress</u> :		10	DA TE
	5321 NE 24th TERR , FORT LAUDERDA	ALE, FL	, 33308	_		
	NEW Registered Office Address:					
	2154 NW 22ND ST			_		
	POMPANO BEACH ,, I	_{FL_} 33069		_		
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membersicles of organization or the operating agreement of the	of the regination of the reginal of the limited of	stered offic ompany, it i nited liabilit	e and the business office is hereby confirmed that ty company or as otherwi	of the r	registered ige(s)
	Ture of a member or authorized representative of a member			ANDRIY TKACHEN	1KO	
Signa	ture of a member or authorized representative of a member			Printed or typed name of sig	mee	
provisi the obl to mer	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to act te perform ded for in C I hereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability com	comply r with ar ent is be pany ha	with the id accept ing filed s been

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

Signature of Registered Agent