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K. SALY MAR - 2

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: National And Name of Li	Rican Home LLC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Name of Person	<u> </u>
Firm/Company	
500 S Federal Hwy Address	Suite 421
Mallandalo, FL 33 of City/State and Zip Code	008
OSOIONENKO Whot me E-mail address: (to be used for future annual rep	agil, eom port notification)
For further information concerning this matter, please	e call:
Mame of Person at (754) 423-8/44 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amou	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	1444

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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: <u>Natro</u> a	al A	merican	Hom	Q K.	<u>LC</u>
2. (a)		(h)	_			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of lin	mited liability o	сотрапу	
	500 S Federal Hwy Suis	442/	5008 Fed	eral Hi	ry Si	1 <i>3</i> 0 4
	Mallandale, F1 33008	_/	eallundale,	FL 33	0 <u> </u>	2
2	JO/29/2014 Date of filing/registration in Florida 4	<u> 14</u>	1000 1684	///		 .
	Olga Solonenko	•	Document-numt)er		
5. (a)	Registered Agent and Registered Office shown on the records of the Fl	Iorida Dent. of	State			
	1:8.80 S Decan DR 40	-				
	Registered Office Address (MUST BE FLORIDA STREET ADDI	RESS)		•		
·					20	
	Hallandall ,FL	3300	 9	HALL	2016 MAR	4
		•		TARY OF S	1	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office					្រា
	Enter name of NEW Registered Agent and/or NEW Registered Office	ce address:			==	*
	NEW Registered Office Address:			LORID	FH12: 19	**************************************
	500 S Federal Hwy Su	17.18 4	2/	••		
	Hallandale ,FL	3300	8			
the cha agent v was/we	imited liability company is not organized under the laws of ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	registered of ty company e limited lia	office and the busines, it is hereby confirm bility company or as company.	s office of the ed that the content of the otherwise parts	he regis hange(rovided	tered s) in
	and the second		Printed or typed na	nenu	<u>ر</u>	<u>'</u>
_	ture of a member or authorized representative of a member		• •	=		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agree to the proper and complete perfligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change.	o act in this formance of r in Chapter by confirm	capacity. I further a my duties, and I am 605, F.S. Or, if this that the limited liabil	igree to com familiar with document is lity company	ply with h and a s being has be	n the ccept filed en
Signatu	re of Registered Agent					
			•			