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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: FUN FOR ME LLC					
Name of Li	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
MARIAN KANE					
Name of Person					
KILLUCAN INTERNATIONAL,INC.					
Firm/Company					
4830 IMPRESSARIO CT					
Address					
LAS VEGAS NEVADA 89149					
City/State and Zip Code					
MARIANKANE@COX.NET					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
MARIAN KANE	702 , 233-1703				
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	☐ S55 Filing Fee & Certified Copy				

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	me of the limited liability company:	ME LLC	
	4830 IMPRESSARIO CT	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAS VEGAS		
	NEVADA 89149		
	11/24/2014	L140	00181384
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HUGHES, SHELLEY		
. ,	Registered Agent and Registered Office shown on the records of the	ie Florida Dept. of	State:
	4735 RANDAG DRIVE		_
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	
	NORTH FORT MYERS		
	, FL	33903	<u> </u>
(b)	Registred Agents Inc.		TOCT 23 PH 1: 43
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	
	3030 N Rocky Point Dr Ste 150	Δ	
	NEW Registered Office Address:		
	Tampa	33607	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the registered o bility company f the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons 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 ha I in writing of this change.	ee to act in this performance of I for in Chapter ereby confirm t	capacity. I further agree to comply with the

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

- Assistant Secreta

Signature of Registered Agent