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(Req	uestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations
	KatM.
SUBJ	CT:
	Name of Limited Liability Company
Dear S	ir or Madam:
The e	closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Stephanic Tayar Name of Person
	LLC
	Firm/Company : 3
	Firm/Company Arwold 87
	Address
	Lincoln RL 02865
	City/State and Zip Code
	-mail address: (to be used for future annual report notification)
	ther information concerning this matter, please call:
(Name of Person Area Code & Daytime-Telephone Number
	Area Code & Daytime Leiepholie 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 & 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. N	ame of the limited liability company:
2. (a)	Kostry LLC (b) 17 Arreld 87
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	441 33-d 82 North 18+1015 Lincolm, PT 02865
	St. Peles buy, F2 33713
	11/24/2014 614000 18/437
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United stres confortion Agris, IMC.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Windy Our Court A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Tanga, FL 33612
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	441 33rd 87, NOTH APT 1015
	NEW Registered Office Address:
	St. Jelusby, F2 33713
	FL
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	Stephonie Town -
Signa	ature of a member or authorized representative of a member Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.
Signati	re of Registered Agent

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