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## COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT:	Kokont	ozaido Miami, LLC				
	iability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	following:				
Gary Saslaw, Esq.						
Name of Person		<del></del>				
Gary R. Saslaw, P.A.						
Firm/Company						
20801 Biscayne Blvd., Suite 304						
Address						
Aventura, Florida 33180						
City/State and Zip Code	·	<del></del>				
grs@grspa.com						
E-mail address: (to be used for future and	mal report noti	lication)				
For further information concerning this matter.	, please call:					
Gary Saslaw, Esq.	305 at (	682-0200				
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	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
Enclosed is a check for the following	Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ s	555 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: Kokontozaido	Miam	i, L	LC		
2. (		c/o T2H Capital Management Co.	(b) c/o T2H Capital Management Co.				
~. (a)	.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mail			ailing address of limited hability company: <u>(Note: MAY BE POST OFFICE BOX)</u>	
		1204 Burlingame Ave., Suite 10		12	204 Bur	rlingame Ave., Suite 10	
		Burlingame. CA 94010	_	Bı	Burlingame, CA 94010		
		11/24/2014		L	140001	181580	
3.	•	Date of filing/registration in Florida	4.			Document number	
5.	(a)	TACHIBANA, M, CPA					
		Registered Agent and Registered Office shown on the records of the	he Florida	- Dep	ot, of State.	r.	
						17 SE SE	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				CHE & T	
		2555 Polk Street				AND	
		Hollywood	SECKETARY OF STATE ALLAHASSEE, FLORIDA  Office address:			SEE O	
		, , , , , ,				FLOR	
(	(b)	Gary Saslaw				ORIU ORIU	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			5:	0A 21	
		NEW Registered Office Address:				•	
		20801 Biscayne Blvd., Suite 304					
		2000 1 20000,100 2000 00 1					
		Aventura	33180				
It th	ie li cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of t	's of the the regis	Sta sten	ite of Flo ed office	orida, it is hereby confirmed that after and the business office of the registered	
age	nt w	fill be identical. Or, in the case of a Florida limited lia	bility co	սոթ	any, it is	s hereby confirmed that the change(s)	
		re authorized by An affirmative vote of the members of cles of organization or the operating agreement of the I					
T2 By	2H C	apital Mangement to			Hirai, Presi		
S	gnat	ure of a member or authorized representative of a member ru Hirai, Prosident				Printed or typed name of signee	
1 h	erel	w accept the appointment as registered agent and agre	ze to act	in i	this capa	acity. I further agree to comply with the	
pro the	obli	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided	perjorme l för in C	ance Thaj	e oj my a pter 605.	utties, and Fam familiar with and accept L.F.S. Or, if this document is being filed	
10 N	uçre	ly reflect a change in the recis <del>ivered</del> office address. I h I in writing of this chappy	ылыру са	onți.	rm that t	the innited liability company has béen	
		<u> </u>					
Sig	natin	re of Registered Agent					