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Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: **Registration Section Division of Corporations**

Arbaje Cigars, ddC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vlabila Arbaje Arbaje Cigars, ddC 170 26th St. Unit A Cocoa Beach, FL 32931 City/State and Zip Code

Nabilaar bar @ amail. (om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mabila Arbaile at (<u>305</u>) <u>747-3285</u> 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

□ \$55 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:A (baje	Cigan	(5, d	LC			
2. (a)	170 26 th St. Unit A Principal office address of limited liability company:	_ (b)_		-	ess of limited liability		
	(Note: MUST BE STREET ADDRESS) Cocoa Beach, FL 32931		Сосо	0	ar be post off pach, FL	<u>3293</u>	1
_	- May 15, 2015			X . X . T . T .	89764		
3.	Date of filing/registration in Florida	4.		Documen	t number		
5. (a)	Mabila Arbaje		••••••••••••••••••••••••••••••••••••••				
	Registered Agent and Registered Office shown on the records of th	e Florida Do	ept. of State	:			
	170 26th St Unit A						
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>)DRESS)</u>					
	<u>Cocoa Beach</u> , FL	3293	31		57		
(b)	Mabila Arbuik					16 JAN	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addre	<u>ss</u> :		253	<u>້</u>	I
					1771 - + 1771 1		J
	NEW Registered Office Address:					4 0	
	170 26th St. Unit A					01	
	Cocoa Brach, FL	3293	1				
the cha agent v was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe bility com the limite	red office pany, it is ed liability	and the t hereby c company	ousiness office o onfirmed that th	f the regist e change(s	tered
	Vatula Artharp	<u> </u>	Nabi	la	Arbaje		
Signat	ture of a member or authorized représentative of a member			Printed or	typed name of signe	e	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ũ D Signature of Registered Agent

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