## L15000115193

(Requestor's Name)					
(Address)					
(Address)					
(City/State	e/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	1				

Office Use Only



700295536447

02/21/17--01024--013 \*\*55.00



## COVER LETTER :

TO:	Registration Section Division of Corporations			
SUBJ	Remo Limited, L.L.C.			
	Nan	ne of Limited I	Liability Company	
Dear S	ir or Madam:			
The en	aclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	e following:	
Josep	oh Davidow			
	Name of Person		<u> </u>	
	Firm/Company			
851 F	Fifth Ave. N., Ste, 301			
	Address			
Naple	es, FL 34102			
	City/State and Zip Code			
jdavid	dow@willisdavidow.com			
F	E-mail address: (to be used for future ann	ual report noti	fication)	
For fur	ther information concerning this matter,	please call:		
Josep	oh Davidow	239 at (	465-0531 	
	Name of Person		Area Code & Daytime Telep	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	□ \$25 Filing Fee	<b>.</b> ☑ \$	55 Filing Fee & Certified Copy	•
INHS18	8 (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.

I. Na	me of the limited liability company: Remo Limited	, LLC		
2. (a)	HSK SOLUTIONS F.Z.E.	(b	Joseph	Davidow
(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)
	SM-Office - I1-118B		851 Fifth	n Ave. N., Ste, 301
	Ajman Free Zone, AE		Naples,	FL 34102
	07/01/2015		L1500011	15193
3.	Date of filing/registration in Florida	4.	<del></del>	Document number
5. (a)	Joseph Davidow			
·. (u)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- E:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>	₹.
	851 Fifth Ave. N., Ste. 301			17 SEC VLL
	Naples , FL	34102		AHAAHAAHAA
(b)	Joseph Davidow			SSEC 1
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	AM 7: 16  OF STATE ELFLORIDA
	NEW Registered Office Address:			<b>&gt;</b> ''
	851 Fifth Ave. N., Ste. 301			-
	Naples, FL_	34102		
he cha gent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cless of organization or the operating agroement of the	the regis bility co f the lim limited l	tered office mpany, it is ited liability ability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Si de la	ont Want	Jos	eph David	
heret provisie he obli mere otifica	over of a number or authorized representative of a member by accept the appointment as registered agent and agree of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a charge in the registered office address. I have in writing of this change.	verforma	ince of my i	duties, and I am familiar with and accept