## L15000134105

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## **COVER LETTER**

Division of Corporations						
CK Prive Group 1800, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
Bruno Bloch						
Name of Person						
CK Prive Group 1800, LLC						
Firm/Company						
20161 NE 16th Place						
Address						
Miami, FL, 33179						
City/State and Zip Code	<del></del>					
bruno@mulcowatches.com						
E-mail address: (to be used for future annua	l report notification)					
For further information concerning this matter, pl	ease call:					
Bruno Bloch	786 469-9306 at ( )					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following a	mount:					
■ \$25 Filing Fee	□ \$55 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.

. Na	me of the limited liability company: CK Prive Group	1,0081	.LC		
. (a)	20161 NE 16th Place		(b) 20161 NE	E 16th Place	
( )	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	<del></del>		_	limited liability company: POST OFFICE BOX)
	Miami, FL 33179		Miami, Fl	_ 33179	
	08/06/2015		L15000134	105	
٠.	Date of filing/registration in Florida	<b></b> 4.	<del></del>	Document num	ber
	Corporate Maintenance Services, LLC				
. (a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida Dept. of Sta	<del>_</del> te:	
	1000 Brickell Avenue		·		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)	<b></b>	
	Suite 400				
	Miami , F	L 3313		<del>-</del>	262017
(b)	Stemina Management, LLC				•
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b></b>	2
	20161 NE 16th Place			_	25.
	NEW Registered Office Address:				2
				_	
	Miami , F	L_3317	) ·	<u> </u>	
hange gent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis iability of the e limito	ered office ar company, it i limited liabili	nd the business of is hereby confirm ty company or as	ffice of the registered ned that the change(s)
Signa	ture of a member or authorized representative of a member	_		Printed or typed n	name of signee
rovisi he obl o mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provid- ely reflect a change in the registered office address, I I in writing of this change.	e perfo. ed for i	rmance of my n Chapter 60.	duties, and Lam 5. F.S. Or. if this	familiar with and acc s document is being fi

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

INHS18 (2/14)