## LISOCO KOLTGO

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TENT FILE TWELVE Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Ingrid Hemandez_ Name of Person		
Firm/Company		
105 N 32 AVENUE	<del></del>	
HOLLYWOLD FL. 33021 City/State and Zip Code		
ingrid Note and John Companied address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please c	all:	
Ingua Hernandez at (	305 877-4350 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	
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.

1 107 112	u.
I. Na	ame of the limited liability company: Ten Five Twelve.
2. (a)	105 N 32 AVENUE (b) 105 N 32 AVENUE
	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	MONTH 10 14 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10
	9/24/15 L15000/6276/0
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	105 N 32 Avenue
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	+tollywood F1 3302-1 == =================================
	FL FL
(b)	Inand Hemandez 3 5
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	105 N 00 N
	NEW Registered Office Address:
	Last Land
	+6114MDOQ FL 33091.
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re-authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
-	Majaja Kanjos
1	fre of a member or authorized representative of a member Printed or typed name of signee
ı neret provişi	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
ine obli to m <u>ę</u> re	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified \	The line of this change.
Signatur	epifkegistered Agent
	A Y

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