## 115000/9/649

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K. SALY DEC -6 2016

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations	•						
SUBJECT:	K HERBS INTERNATIONAL, LLC							
0000000	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Of	ffice Change and fe	e(s) are submitted for filing.					
Please return	all correspondence concerning to	his matter to the fo	llowing:					
CARLOS	YOUNES							
	Name of Person		•					
K HERBS	INTERNATIONAL LLC							
	Firm/Company	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	-					
21055 NE	37TH AVE. #2808							
	Address		-					
AVENTUR	RA, FL 33180							
	City/State and Zip Code		-					
carlos.you	nes@k-herbs.com							
E-mail	address: (to be used for future an	inual report notifica	ation)					
For further is	nformation concerning this matter	r, please call:						
CARLOS	YOUNES	786	7813034					
	Name of Person	·····	Area Code & Daytime Telephone Number					
Regi Divi Clift 266:	istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enc	losed is a check for the followin	g amount:						
<b>2</b> \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy					
INHS18 (2/14	4)							

## 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: K HERBS INT	ERN	A٦	TIONAL,	LLC	
2. (a)	21055 NE 37TH AVE. #2808		(b)	21055 N	NE 37TH AV	E. #2808
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	(~)		_	f limited liability company: E POST OFFICE BOX)
	AVENTURA, FL 33180			AVENT	URA, FL 331	80
	11/12/2015	<del></del>	ł	_150001	91649	
3.	Date of filing/registration in Florida	4.			Document nur	mber
5. (a)	CARLOS E YOUNES					
()	Registered Agent and Registered Office shown on the records of the 21050 NE 38TH AVE. #3006	ne Flor	ida	Dept. of Stat	-e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)		_	
	AVENTURA, FL 33180					ZOI6
	, FL_				_	2016 DEC TALLARIA
(b)	YOUNES, CARLOS E					SE L
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	add	ress:	_	E.F.
	21055 NE 37TH AVE. #2808				<del></del>	PH 2: 57 SEE, FLORIDA
	<u>NEW</u> Registered Office Address:					***
	AVENTURA , FL	3318	0		_	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the rep bility f the l	gis coi imi	tered offic mpany, it i ted liabilit	e and the busing is hereby confir ty company or a	ness office of the registered remed that the change(s)
<u> </u>	zlos E y coves. ture of a member or authorized representative of a member	C	AF	RLOS YO	DUNES	
					Printed or typed	Ü
nonyte	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to d perfor I for it ereby	nct ma n C e co	in this cap ince of my hapter 60: nfirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited liab	r agree to comply with the m familiar with and accep his document is being filed bility company has been
Signatu	allos & Yoones, are of Registered Agent					
DIRITALL	no or regimened agent					