## 116000010183

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## **COVER LETTER**

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INHS18 (2/14)

то:	Registration Section Division of Corporations	
SUBJ	JECT: Kalisi mustanents LLC  Name of Limited Liability Company	
Dear S	Sir or Madam:	
The e	enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please	se return all correspondence concerning this matter to the following:	
	Yolaris Garcia Name of Person	
	Lalisi mustments LLC Firm/Company	
q	780 ne 126 th st	
	Morth miami, FL33161 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
	Mame of Person Area Code & Daytime Telephone Num	-— nber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Engloyed is a sheaft for the following section  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Figure 2015 Section Section Tallahassee, Florida 32314	
	Enclosed is a check for the following amount:	

 $\square$  \$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. Name of the limited liability company:	alisi must mats
2. (a) 980 Me 126 <sup>th</sup> St North Mian Principal office address of limited liability company: 3 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
J/14/16  Date of filing/registration in Florida	4. Document number
5. (a) YOLAYIS GAYGA  Registered Agent and Registered Office shown on the records of Starting	4 miamy FL 3316/
(b) Yolavis Garaa  Enter name of NEW Registered Agent and/or NEW Registered  980 MR 126  NEW Registered Office Address:	mg - n
_	Taws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address agent will be identical. Or in the case of a Florida limited	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) s of the limited liability company or as otherwise provided in
provisions of diffractures relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.  Signature of Registered Agent	gree to act in this capacity. I further agree to comply with the leeperformance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
	. Box 6327• Tallahassee, FL 32314 FEE: \$25.00