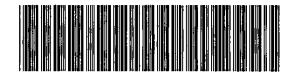
L16000038014

| (Requestor's Name) | | |
|---|--------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: CKTC PROPERTIES LLC | | | |
|---|--|--|--|
| 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 matter to the following: | | | |
| JUAN CARLOS ALMIROLA Name of Person | | | |
| CLJC PROFERTIES LLC Firm/Company | | | |
| 4715 MULINS RD TAMPA FL Address | | | |
| TAMPA FL 34014 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| JUAN C. ALMIROLA at (813) 310-3576 | | | |
| Name of Person Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | |
| Registration Section Registration Section | | | |
| Division of Corporations Division of Corporations | | | |
| Clifton Building P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | |
| Enclosed is a check for the following amount: | | | |
| \$25 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. Na | ime of the limited liability company: | ERTIES LLC |
|---|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3, | O2/24/2016 Date of filing/registration in Florida 4. KARINA ALMIROLA | LIG000038014 Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida STREET ADDRESS) Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | 1 33624 |
| (b) | | dress: |
| | NEW Registered Office Address: | |
| If the 1 | , FL , FL imited liability company is not organized under the laws of the S | State of Florida, it is hereby confirmed that after |
| the cha agent v was/we | inge or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability corere authorized by an affirmative vote of the members of the limited so organization or the operating agreement of the limited | stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| I here provisi the obl to mero notified | the of the appointment as registered agent and agree to act to one of all statutes relative to the proper and complete performa igations of my position as registered agent as provided for in City reflect a change in the registered office address, I hereby continuous of this change. | Printed or typed name of signee in this capacity. I further agree to comply with the |