L1600038671

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SECRETARY OF STATE ORDA

D. SCOTT 0CT 2 8 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fully Oran	nic LLC f 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 m	natter to the following:
Mustafa Elvin Name of Person	
Fully Organic, LLC Firm/Company	
1441 SW 12 Ave	UNA E
Pomparo Beach, FC 3 City/State and Zip Code	3069 ETLE
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Mustafa Euin Name of Person	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 an	nount:
\$25 Filing Fee	□ \$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. Na	me of the limited liability company: Fully Organic, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 1441 Sw 134Ax Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach, FL 33069 Unit E
	Pompano Beach, Fl 33069
	2/24/16 L160000 38671
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Ahmet kandemir Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1441 SW 12 Ave Unit E
	Pomsano Scach , FL 33069
	TASE 6
(b)	Timbern Palan 5887
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	NEW Registered Office Address:
	401 W Atlantic Ave Ste 0-11
	Delray Beach, FL 33444
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
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the artic	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member MUSTAFA EVIN Printed or typed name of signee
provision the oblication to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations 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 in writing of this change.
Signatur	è of Registered Agent