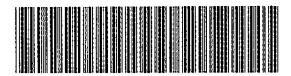
## 116000059331

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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D. BRUCE NOV 06 2019

## **COVER LETTER**

Division of Corporations			
SUBJECT: BIG KAHUNA GROUP, L.L.	C.		
	e of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the	following:	
Pedro A. Stiassni			
Name of Person		_	
BIG KAHUNA GROUP, L.L.C.			
Firm/Company		_	
1610 SW 30TH PL			
Address		_	
FT LAUDERDALE, FL 33315			
City/State and Zip Code		_	
pedro.stiassni@bigkahunagroup.com			000
E-mail address: (to be used for future ann	ual report notifi	cation)	22 17
For further information concerning this matter,	please call:		70
Pedro Stiassni	812 at (	449-7030	- C
Name of Person		Area Code & Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following	amount:		
☑ S25 Filing Fee	<b>□</b> \$5	5 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.

I. Na	me of the limited liability company: BIG KAHUN	A GROU	JP, L.L.(	<b>O</b> .		
2. (a)	Pedro A. Stiassni	(b	)			
<b>-</b> . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <del></del>	~	nited liability company POST OFFICE BOX	r:
	1610 SW 30TH PL		1610 S	SW 30TH PL		
	FT LAUDERDALE, FL 33315	<u> </u>	FT LA	UDERDALE, FL	33315	
	10/13/2018		L16000	059331		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	Pedro A. Stiassni					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	nte:		
	3220 NW 94TH TERRACE					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2			
	Sunrise	L_33351		_	77 N	
				_		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			- <del></del>	100	2 TOTAL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ade	dress:		% ; <b>?&gt; ?&gt;</b>	-
	Pedro A. Stiassni					
	NEW Registered Office Address:	-	-	<del>_</del>	(a)	
	1610 SW 30TH PL	<del></del>	<u>-</u>	_	ज्या हा	
	FT LAUDERDALE , FI	L_33315				
the cha agent v was/we the arti Signa I here provisi the obl to mere notified	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members ideas of organization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and aging of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. If it is not required that the proper and complete ligations of this change.	of the regis iability co of the lim e limited I	stered offi ompany, it ited liabil iability co bro Stias	ice and the business is hereby confirmed lity company or as company. SSDI Printed or typed nar	s office of the regis ed that the change( otherwise provided me of signce	stered s) I in