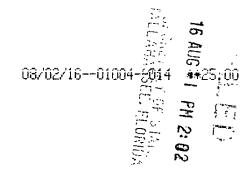
## L160000 80306

(R	equestor's Name)			
(Address)				
	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	ALTANA DONISOVA L.L.C.				
202020		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.		
Please re	turn all correspondence concerning th	nis matter to the fo	llowing:		
ALTAN	A DONISOVA				
	Name of Person	. 100 t TO 100 T	-		
ALTAN	A DONISOVA L.L.C.				
	Firm/Company		-		
3101 N	Country Club Dr #801				
	Address		_		
Aventu	ra FL 33180				
	City/State and Zip Code				
adonis	ova@gmail.com				
E-n	nail address: (to be used for future an	nual report notific	ation)		
For furth	er information concerning this matter	, please call:			
Altana	Donisova	312 at (	731-4584		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section		ILING ADDRESS: stration Section		
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301				
j	Enclosed is a check for the following	g amount:			
ĺ	\$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

Name	of the limited liability company:	NISOVA L.L.C.
	01 N Country Ckub Dr #801	3101 N Country Ckub Dr #801
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
04	1/25/2016	L16000080306
— AL	Date of filing/registration in Florida LTANA DONISOVA	4. Document number
Reg	gistered Agent and Registered Office shown on the records of the ST #501E	the Fiorida Dept. of State:
Reg	gistered Office Address (MUST BE FLORIDA STREET A	<u> </u>
A	ventura , FL	33160
b)	TANA DONISOVA  ter name of NEW Registered Agent and/or NEW Registered of NEW Registe	Office address:
	101 N Country Club Dr #801  EW Registered Office Address:	
Α\	ventura . FL	33180
change it will l were a	or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lia	
nature o	of a member or authorized representative of a member	ALTA NA DONISOVA  Printed or typed name of signee
		ree to act in this capacity. I further agree to comply with t performance of my duties, and I am familiar with and acc d for in Chapter 605, F.S. Or, if this document is being fil hereby confirm that the limited liability company has been