L16000 107197

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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K.SALY EXAMINER IUN 27



E. Pine Street, Suite 300 Orlando FL 32801 TELEPHONE (407) 478-1111 FAX (407) 447-2488

June 17, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re.: MVR Krause Limited Liability Company

Document number: L16000107197

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent of Both for MVR Krause Limited Liability Company. Please be advised that we are requesting a correction on the name of the **Registered Agent Name** and **Authorized Person** of Mr. Marcel Krause Balcells as a Manager of the LLC. We would like to inform that his name does not have Sr ('Senior") and we are requesting that his name be fixed in both to Krause Balcells (last name), Marcel (First Name).

Sincerely

Attached is our firm's check in the amount of \$25.00 for the filing fee.

If you have any question, please do not hesitate to contact us.

Carlos M. Colombo, Esq.

COVER LETTER

TO:

INHS18 (2/14)

TO:	CO: Registration Section Division of Corporations				
SUBJE	MVR Krause Limited Liabilit	y Company			
30001	Name of Limited Liability Company				
Dear S	ir or Madam:	·			
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
	•				
Marce	el Krause Balcells				
	Name of Person				
MRV	Krause Limited Liability Company				
	Firm/Company				
11927	Water Run Alley				
	Address				
Winde	ermere, FL 34786				
	City/State and Zip Code				
mbkra	ause@uol.com.br				
E	-mail address: (to be used for future and	nual report notification)			
For fur	ther information concerning this matter,	please call:			
Marce	el Krause Balcells	55 11 99856-9025			
	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 amount:				
	■ \$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	ame of the limited liability company:	Limited Liability	Company	
2. (a)	11927 Water Run Alley	(b) 11927 Water Run Alley		
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Windermere, FL 34786	Winder	mere, FL 34786	
	US	US		
	06/02/2016	L160001	107197	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	KRAUSE BALCELLS, MARCEL, SR			
). (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	ate:	
	11927 Water Run Alley			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	-	
	Windermere, FL	34786	·	
(b)	KRAUSE BALCELLS, MARCEL		201 FAI	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	11927 Water Run Alley		FIL 2016 JUN 24 SECRETARY FALLAHASSS	
	NEW Registered Office Address:		PH IZ: 37 YOF STATE EE. FLORIO	
	Windermere	34786	- 37	
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is a provided that the statutes of this change.	the registered offinability company, it of the limited liability company. MARCEL Tee to act in this ca	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. KRAUSE BALCEUS Printed or typed name of signce	
Signatu	ire of Registered Agent			