## 116000112943

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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MR SV SUIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person
Poyal Coaches LLC. Firm/Company
951 3W 11 5+ Ap+ A-3 Address
Cranosurile FL 32601 City/State and Zip Code
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 775 09 64  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:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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: 1000 Couches U.C.
2.	(a)	(b)
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		951 5W 112 Apt A-3
		Gainesville FC 32601
3.		Date of filing/registration in Florida  L16000112943  Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Jan D I Ondono
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		14214 Crapmont Ct
		N
	(b)	AR BUTA
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		971 5W 11 <sup>51</sup> Apt A-3
		901 00 11 Apr A-3
		Gainesville, FL 32601
the age was the S	chart was/we artivered	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in eles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee or accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept in the 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.