## L16000143607

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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJI	ЕСТ:	Cer	tral	America	Name (	Group of Limited	<u>ل</u> Lial ط	LC bility Company
Dear S	ir or Mad	lam:						
The en	closed Re	egistere	d Agent/	Registered	Office	Change a	and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:								
	Keun	, 2	Une Name o	L				_
			Name o	f Person				
	Cent	ral	Arrei. Co Firm/Co	ompany	ρ			_
3	900	μω	79°	In Ave	#	532		_
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E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	Kein		JUNUZ			at ( <u>]                                   </u>		) 354-4836
		Name o	of Person	1				Area Code & Daytime Telephone Number
	Registra Division Clifton 2661 Ex	ation Se n of Co Buildin cecutive	ction poration	Circle	:		Regi Divis P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314
Enclosed is a check for the following amount:								
	<b>\$</b> 25 1	Filing F	ee				\$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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) -16000143602 3. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: DIVISION OF COMPORATIONS Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: 3900 **NEW** Registered Office Address: Doral If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. n Pune 7
Printed or typed name of signee Signature of a member of an orized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent