1/6000144362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500305086055

11/03/17--01017--004 **55.00

1 MUY -3 18 8:49

NOV 0 6 2017 Y SULKER

COVER LETTER :

TO: Registration Section Division of Corporations		
SUBJECT: Mica Pro Products LLC 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 i	matter to the following:	
Joven Mirabella Name of Person	.	
Mira Pro Products LLC Firm/Company		
12120 Tallwood St. Address		
Spring Hill FL 34608 City/State and Zip Code		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, pl	lease call:	
Javen Minibella		
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	S55 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.

1. Name of the limited liability company: HiraYe	Picaucts LL(
2. (a) 12120 Talloscasi Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sparcy Hill F2 34608	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida 5. (a) United States Components Ara	4. Document number
Registered Agent and Registered Office shown on the records of 13302 Dinding Oak C+ A Registered Office Address (MCST BE FLORIDA STREET) Tampa FL 33612	<u>ADDRESS)</u>
(b) Stee MGCSSC FILE Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
If the limited liability company is not organized under the la the change or changes are made, the Florida street address o agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been