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(Requestor's Name)
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COVER LETTER

TO:	Registration Of	n Section f Corporations									
SUBJI	Ser	Service Ambassador LLC									
		Name of Limited Liability Company									
Dear S	ir or Madam	;									
The en	iclosed Regis	stered Agent/Regist	ered Office Cha	nge and f	ee(s) are submitted for filing.						
Please	return all co	rrespondence conce	erning this matte	r to the fo	ollowing:						
Wils	on Kulkan	ıp									
		Name of Perso	n		_						
Serv	ice Ambas	sador LLC									
		Firm/Company	y		_						
260	7 NE 8th	Avenue, Apt 61									
		Address			_						
Wilto	on Manors	, Florida 33334									
	· -	City/State and Zip	Code		_						
		p@gmail.com									
E	E-mail addres	s: (to be used for fu	iture annual repo	ort notific	eation)						
For fur	ther informa	tion concerning this	s matter, please	call:							
Wils	on Kulkam	p	at (_	312	536-8564						
	Na	me of Person			Area Code & Daytime Telephone Number						
	Registratio Division of Clifton Bui 2661 Execu	Corporations	ESS:	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314						
	Enclosed is a check for the following amount:										
	☑ \$25 Filin	ng Fee		☐ \$55	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.	Na	me of the limited liability company:	Service Amb	assado	r LLC					
2.	(a)			_ (b)						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)					
		2607 NE 8th Avenue, Apt 61			2607 N	E 8th Avenue, A	pt 61			
		Wilton Manors, FL 33334			Wilton	Manors, FL 3333	34			
		September 2, 2016			L16000	165529				
3.		Date of filing/registration i	n Florida	4.		Document number				
5.	(a)	Wilson Kulkamp								
٠.	(4)	Registered Agent and Registered Office sho	wn on the records of th	ne Florida	Dept. of State	_ e:				
								~		
		Registered Office Address (MUST BE I	DDRESS)		_	#SEC	019			
		1000 River Reach Drive, #20								
		Fort Lauderdale	121	33315		_	LLAHASSEE,	2019 JUL 22	5	
			, FL_			_	SS	PM 12: 06		
	(b)	Wilson Kulkamp					1	22	O	
	• /	Enter name of NEW Registered Agent and	or NEW Registered (Office add	ress:	-	田岩	90		
							,			
		NEW Registered Office Address:	_			_				
		2607 NE 8th Avenue, Apt 61								
		-				_				
		Wilton Manors	FI	33334						
the age was	cha: nt w s/we	mited liability company is not organ nge or changes are made, the Florida vill be identical. Or, in the case of a are authorized by an affirmative vote cles of organization or the operating	street address of t Florida limited liat of the members of	he regist bility cor the limit	ered office npany, it is ted liabilit	e and the business of s hereby confirmed to company or as oth	ffice of that the	the reg	istered (s)	
		A Killing	ر م		son Kulk	-				
S	ignar	ure of a member or authorized representative	of a member			Printed or typed name	of signee			
pro the to r	obli nere	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change.	per and complete p agent as provided	erforma. for in Ci	nce of my i hapter 605	duties, and Lam fan 5 FS Or if this do	illiar wii cument i	h and s hein	accept o filed	
Sig	natur	e of Registered Agent								
	•/	Division of Corp	orations• P.O. Bo	ox 6327	Tallahas	ssee, FL 32314				