16000191752

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OCT 3 1 2016

S. YOUNG

TO: Division of comporations.

DOCUMENT # L16000191752.

THIS DOCUMENT IS TO ADD AN ADDITIONAL

REGISTERED AGENT: STERGIANI KANARIS.

I DON'T WANT TO CHANGE REGISTERED AGENT.

THANK YOU very much.

REGISTERED AGENT: ELMINA SUNCAR

SECRETARY OF STATE PH 4: 21

16 0C 29 / 20/6. PH 4: 21

PLEASE CALL) I I MADE ANY MUSTAKES ON THIS FORM.

THANK YOU. 561-236-5483

COVER LETTER

Division of Corporations					
SUBJECT: PURE INDUSTRIES 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 matter to the following:					
STERGIANI KANARIS Name of Person					
PURE INDUSTRIES LLC Firm/Company					
4311 N FLAGLER DR'VE Address					
West PALM BEACH, FL 33407 City/State and Zip Code					
PURE FLORIDA 56/ @ GMAIL. @M E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
ELMIRA SUNCAR at (561) 236 - 5483 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:					

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE

\$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

1 101 1110	•	TAID WATER 12		
1. Na	me of the limited liability company: Pure	MOUSTRICS		
2. (a)	4311 N FLAGLER DR.	(b) 43/1 NA	FLAGLER D	e,
- ()	Principal office address of limited liability company:	Mailing ad	ldress of limited liability of	company:
	(Note: MUST BE STREET ADDRESS)		MAY BE POST OFFICE	
	WEST Palm Beach, FL.	33407 West PA	2M Beach,	FL 33407
	,			
	10/20/2016	L 1600	0191752	
3.	Date of filing/registration in Florida	4. Docume	ent number	
5. (a)	FLMIRA T SUNCAR PROGISTERED Agent and Registered Office shown on the records of	URE INDUSTR	ies lic	
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:		
	4311 N FLAGLER DR.			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	122.			. 7
		72407	3	
	West PALM BRACH, FL		Ì	AREA AHA
(b)	STERGIANI KANARIS		•	SSI SSI
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
				f . 05
	4311 N FLAGLER DR,			21 21
	NEW Registered Office Address:			> ;
	West DAIM BEACH,	H 33407		
	, FL	,		
1041 - 1			ia haushu aan firmad	that after
the cha	mited liability company is not organized under the lar nge or changes are made, the Florida street address of	the registered office and the	e business office of the	ne registered
agent v	vill be identical. Or, in the case of a Florida limited liver authorized by an affirmative vote of the members of	ability company, it is hereby	confirmed that the converge of	hange(s) rovided in
	cles of organization or the operating agreement of the	limited liability company.		
کے_	Purna Duna	ECMIRA I	SUNCA	<u>e</u>
•	ure of a member or authorized representative of a member			
l herei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete	ree to act in this capacity. I performance of my duties, a	further agree to com and I am familiar wit	ply with the h and accept
the obl	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I kin writing of this change.	d for in Chapter 605, F.S. Chereby confirm that the limit	Or, if this document is ted liability company	s being filêd has been
notifie	in writing of this change.	voj vorga in nimi ino nimi	masniy conquity	
$\langle \ / \ \rangle$	NONMANI XONANA			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent