116000212695

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS
JUL 0 6 2017



June 13, 2017

ANGELA KUETIKI 2121 S HIAWASSEE RD STE 4427 ORLANDO, FL 32835

SUBJECT: GOLDEN ANGEL RENOVATIONS, LLC

Ref. Number: L16000212695

We have received your document for GOLDEN ANGEL RENOVATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 017A00011934

RECEIVED
2017 JUL -5 AN IN-18
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Golden	Angel Denovations LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.					
Please return all correspondence concer	ming this matter to the following:					
Angela Kuct Name of Person	iki n					
Golden Angel Firm/Company	Renovations					
2121 5 Hàwasse Address	e Rd Site 4427					
Orlando, FL City/State and Zip	32835					
E-mail address: (to be used for fut	ture annual report notification)					
For further information concerning this	matter, please call:					
Angola Kvetiki Name of Person	at (407) 757 - 6369 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the fol	Enclosed is a check for the following amount:					
\$25 Filing 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:Golden	Angel	Renovations,	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POST		<i>y</i> :
3.	Date of filing/registration in Florida	- <u></u>	Document number	And the State of t	***********
5. (a)	Mundi Consulting Inc. Registered Agent and Registered Office shown on the records of the		_		
	12 S. Orange Arenve Registered Office Address MUST BE FLORIDA STREET AD Scite 1500	DRESS)		17 JUL	- 11
	Orlando FL ,FL	32801		9 . 5	FE
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		PH 2: 48	0
	2121 S. Hiawassee Rd, Suite NEW Registered Office Address: Orlando, FL	24427			
	Orlando ,FL	32835			
he changent was/we he arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the sof organization or the operating agreement of the line of amender or authorized representative of a member	ne registered officility company, it the limited liability	ce and the business offi is hereby confirmed th ity company or as other	ice of the regis at the change(s rwise provided	stered s)
топутеа	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j by reflect a change in the registered office address, I he fin writing of this change.	e to act in this ca erformance of my for in Chapter 60 reby confirm tha	pacity. I further agree duties, and I am famil 15, F.S. Or, if this docu t the limited liability co	to comply with iar with and a iment is being ompany has be	h the eccept filed en