## 116000213689

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
		,		
PICK-UP	WAIT	MAIL		
	isiness Entity Nan	20)		
ua)	isiness Endly ivan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
I				

Office Use Only



900295290559

02/14/17--01017--002 \*\*25.00

FEB 1 5 2017 S. YOUNG 17 FEB IL AM 7: 20

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: 10 Olivia Servicing & Entertainment 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:					
Oya Kaptan Name of Person					
Olivia Servicing & Entertainment LLC Firm/Company	17 FEB 14				
5120 SW 73cJ Ave. Address	F				
DAVIE, FL 33314 City/State and Zip Code	7: 20				
Olivia Servicing LC a omail. Com E-mail address: (to be used for future affitual report notification)					
For further information concerning this matter, please call:					
Oya Kaptan at (786) 448 87 68  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:					

☐ \$55 Filing Fee & Certified Copy

\$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.

١.	Na	me of the limited liability company: Olivia	Servicing & Entertainment LLC		
2.	(a)		(b)		
-	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		5120 SW 7302 AVE	5120 SW 73rd Ave.		
		Davie, FL, 33314			
		11/22/2016	L16000213689		
3.		Date of filing/registration in Florida	4. Document number		
5.	(a)		五字符		
	(-)	Registered Agent and Registered Office shown on the records of t	The Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	250 West Sample Rd-#B221 Pompano Beach FL 33064				
(b) Dlivia Servicing & Entertainment LLC (same as Above) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Office Address:			
		5120 SW 73-2 AVE			
		DAVIE ,FL	33314		
the age was	cha nt w s/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.		
s	ignat	ure of a member or authorized representative of a member	Printed or typed name of signee		
pro the to r not	visi obli nere ified	ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been		
Sia	mateu	s of Difficient Agent			