## 1160000230144

(Re	questor's Name)	
(Ad	dress)	***************************************
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900297129749

04/21/17--01005--014 \*\*25.00

17 APR 21 AM 9: 10
SECRETARY OF STATE
ALL AHASSEE ELOBIO

**S Warren** APR 2 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pinkee Art Design LLC	
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Imre Borsanyi, CPA	
Name of Person	
Imre Borsanyi, CPA, P.A.	
Firm/Company	
1001 Brickell Bay Dr. STE 1200	
Address	
Miami, FL, 33131	
City/State and Zip Code	
anita@ib-cpa.com	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter,	please call:
Imre Borsanyi	305 482-1975
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tallanassee, Florida 32314
Enclosed is a check for the following	amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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.

(a)		(b	o)	,
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
	12/21/2016		L1600023	30144
	Date of filing/registration in Florida	4.		Document number
(a)	Imre Borsanyi, CPA			ļ 1
	Registered Agent and Registered Office shown on the records of 999 Brickell Ave	f the Florida	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET STE 820	ADDRESS	<u> </u>	ASE 7
	Miami	33131		API CRE
(b)	Imre Borsanyi, CPA			FILEI APR 21 M CRETARY OF AHASSEE, F
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	F ST
	1001 Brickell Bay Dr			AI O
	NEW Registered Office Address:			. •
	Ste 1200			-
	Miami . FI	_33131		
e cha ent v is/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reginability constant of the limited l	stered office ompany, it is nited liability	e and the business office of the registes hereby confirmed that the change(s) y company or as otherwise provided inpany.
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
herei	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act e perform ed for in (	in this capa ance of my o Chapter 605	acity. I further agree to comply with