

L17000016709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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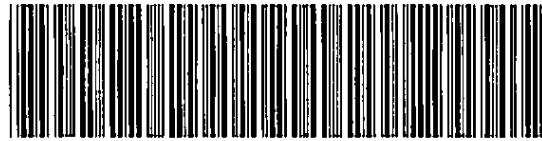
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 03 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HONEY K. 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:

DAVID ARON
Name of Person

CHOICE INTEGRATED SERVICES LLC
Firm/Company

10923 HANDEL PLACE DOCA RATON
Address

FLORIDA - 33498
City/State and Zip Code

TSARONOVOL.COM.BR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID ARON at 561) 4039813
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2017

DAVID ARON
10929 HANDEL PLACE
BOCA RATON, FL 33498

SUBJECT: HONEY K LLC
Ref. Number: L17000016709

RECEIVED
2017 AUG - 1 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HONEY K 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):

You can only list one person as the registered agent, not two.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00014333

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* PLEASE SEE

ATTACHED THE CORRECTED FORM

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. Name of the limited liability company: HONEY K LLC

2. (a) 21686 ARADA REAL BOCA RATON FL 33433

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(b) 10929 HANDEL PLACE BOCA RATON

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

FLORIDA 33498

3. JAN/20/2017
Date of filing/registration in Florida

4. L17000016709
Document number

5. (a) MICHEL KUPFERMAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

21686 ARADA REAL BOCA RATON FL 33433

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

(b) CHOICE INTEGRATED SERVICES, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

10929 HANDEL PLACE BOCA RATON 33498 FL

NEW Registered Office Address:

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

MICHEL KUPFERMAN
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

FILED
2017 AUG - 1 PM 3:30
TALLAHASSEE FLORIDA
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