217000016709

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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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: | |
| MICHEL KUPFEF-WN Name of Person | |
| HONEY K LLC Firm/Company | |
| 21686 ARRIBA PEAL 3 | |
| BOCA RATON - 33433 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| MICHEL KUPFER-HAN at (561) 403 3650 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 & 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.

| rioria | |
|------------------|--|
| I. Na | me of the limited liability company: HONEY K LLC |
| 2. (a) | 21686 ARRIBA REAL (b) 21686 ARRIBA REAL |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | BOCA RATION - FL BOCA RATION - FL |
| | 22102 |
| | 33433 |
| | 01/20/2017 L17000016709 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | CHOICE INTEGRATED SERVICES LLC |
| 2. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 10929 HANDEL PL |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | |
| | BOCA RITON .FL 33498 |
| | 2 1 |
| (b) | MICHEL KUPFERNAN |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | 21686 AFRIBA REAL |
| | NEW Registered Office Address: |
| | |
| | |
| | BOCA RATON FL 33433 |
| It'the li | |
| the cha | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered |
| was/we | rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in |
| the arti | cles of organization of the operating agreement of the limited liability company. |
| (| WICHEL KUPFERMAN We of a member or authorized representative of a member Printed or typed name of signee |
| - | , |
| nerei provisi | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the construction as registered agent as possible for in Charles (15.5). |
| to mere | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change. |
| 1)/(| WI I This change. |
| Signatu | e of Registered Agent (CHOICE INT SER LIC) |

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