L17000110575

| | (Requestor's Name) | | | | |
|---|--------------------------|------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PICK-U | P WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Statu | rs | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



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S. WARREN MAR 1 3 2018

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|-----------|---------------|--------------------------------|----------------|-------------------|
| SUBJE | ECT: | | | Jupunge ited Liability Comp | | lic |
| Dear S | ir or Madam: | | | | • | |
| | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please | return all correspondence of | concernin | g this matter | to the following: | | |
| | | | | | | |
| | Jannette Fi | ores | | | | |
| | Name of | | | | | |
| | | | | | | |
| | Firm/Con | anany | | | | |
| | i iniveor | прапу | | | | |
| 4040 SW 152 Place | | | | | | |
| _ | Address | 3 | - | | | |
| | Millmi/FL | 221VC | | | | |
| | | | | | | |
| | City/State and | • | | | | |
| | a arriflora |) CCM | court ne | F | | |
| E-mail address! (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| | Jannette hur | ·(| _ | 761. 171.17 | αi | |
| | Name of Person | | at (| 78(0)52157. Area Code | | ephone Number |
| | CTDEET/COUDIED AD | DDDCC | | | - | opiione i taineer |
| | STREET/COURIER AD Registration Section | DKESS: | | MAILING ADI Registration Sec | | |
| | Division of Corporations | | | Division of Cor | | |
| | Clifton Building | _ | | P.O. Box 6327 | | |
| | 2661 Executive Center Cit Tallahassee, Florida 3230 | | | Tallahassee, Flo | rida 32314 | |
| Enclosed is a check for the following amount: | | | | | | |
| | | | | | | |
| | ☑ \$25 Filing Fee | | | □ \$55 Filing Fee | & Certified Co | ру |

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 | nme of the limited liability company: <u>KOi Juu</u> | hiciapané | se lourge 11c | | | |
|--|--|---|---|--|--|--|
| 2. (a) | 328 crandon blvd | (b) | | | | |
| _, (_) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Suit 212 | | | | | |
| | rey bucayne fr 33149 | - | | | | |
| | 5 18 17 | | L17000110575 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | resar Gomez PA | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of St | — Me: | | | |
| | 318 Crandon Blud | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | | |
| | Sinte 212 | | | | | |
| | Key Bacayne F .FL | 33149 | FILE R12 1 | | | |
| (b) | Jannette nors | | AN ITY 48 OF STATE EE FLORID | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office address: | 유리 | | | |
| | _ YWO SW 152 Place | | D | | | |
| | NEW Registered Office Address: | _ | _ | | | |
| | | | | | | |
| | MILMI ,FL | 33115 | | | | |
| agent w was/we | mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | ne registered offic bility company, it the limited liabili | is hereby confirmed that the change(s) ty company or as otherwise provided in | | | |
| | 70 · · | | Mpany. MOYCI | | | |
| Signat | ure of a member of authorized representative of a member | <u> </u> | Printed or typed name of signee | | | |
| the obli to mere notifica | y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete pentons of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change | e to act in this cap verformance of my for in Chapter 60 vereby confirm that | racity I further agree to comply with the | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | | |

FILING FEE: \$25.00

INHS18 (2/14)