

L17000112285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

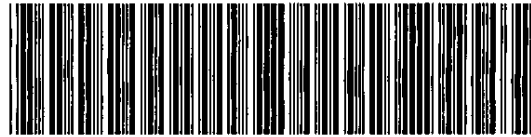
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298973290

06/06/17--01006--002 **25.00

FILED
17 JUN -5 AM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Choustein Florida 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:

Victor Chou

Name of Person

Choustein Florida LLC

Firm/Company

PO Box 86931

Address

Baton Rouge, LA 70879

City/State and Zip Code

chousteinflorida@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Chou

Name of Person

at (

~~407-906~~

Area Code & Daytime Telephone Number

407-906-2153

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

**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: Choustein Florida LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2508 Baykal Drive

PO Box 86931

Kissimmee, FL 34746

Baton Rouge, LA 70879

05/22/2017

L17000112285

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Vicky Lu

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

4905 East Colonial Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Vista Realty

Orlando, FL 32803

(b) Registered Agents Inc.

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

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

FILED
17 JUN -5 AM 8:43
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

Victor Chou

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

Bill Havre - Assistant Secret: