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

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COVER LETTER

Division of Corporations						
SUBJECT: Choustein Florida LLC						
Name o	f 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 m	atter 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, plea	ase call:					
Victor Chou	t (504) 251-7010					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section					
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301	r attatiassee, Frontga 52514					
Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 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.

1. N	lame of the limited liability company:	houstein	Florida l	LC
2. (a)	2508 Baykal Drive		(b) PO BOX 86931	
(u)	Principal office address of limited liability (Note: MUST BE STREET ADDR		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Kissimmee, FL 34746		Bator	n Rouge, LA 70879
	05/22/17		L1700	0112285
3.	Date of filing/registration in Flo	rida	4.	Document number
5. (a	Registered Agents INC			
J. (11	Registered Agent and Registered Office shown or	the records of the	Florida Dept. of S	
				. 25
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	3030 N Rocky Point DR			
	Tampa	in 30	3607	= 17.
				2019 1133 11 PH 3: 59
(b)	Registered Agents Inc.			ب <u>ې</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Off	lice address:	
	7901 4th St N			
	NEW Registered Office Address:	····		_
	STE 300			
				
	St. Petersburg	, FL33	3702	
the ch agent was/w	limited liability company is not organized range or changes are made, the Florida stre will be identical. Or, in the case of a Florivere authorized by an affirmative vote of the ticles of organization or the operating agree	et address of the ida limited liabil ie members of tl	e registered off lity company, i ne limited liabi nited liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ature of a member or authorized representative of a	member	Victor Chou	Printed or typed name of signee
I here provis the oh to mer notifie	eby accept the appointment as revistered a	gent and agree	rformance of m or in Chapter 6 eby confirm the	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been