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(Address)					
(Address)					
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17 AUG 28 AN 7: BY
SECRETARY OF STATE
TALLAHASSEE, FLORID,

COVER LETTER

TO: Registration Section Division of Corporations				
Misa Holdings LLC				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Patrick DiSalvo				
Name of Person				
DiSalvo & Associates PLLC				
Firm/Company				
1760 N Jog Road #150				
Address				
West Palm Beach, FL 33411				
City/State and Zip Code				
pdisalvo@d-acpa.com				
E-mail address: (to be used for future annual rep-	ort notification)			
For further information concerning this matter, please	call:			
Patrick DiSalvo	561 659-1177			
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			
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	ame of the limited liability company: Misa Holding	s LLC		
2. (a)	• • •	((b)	
2 . (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······ \	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	550 Okeechobee Blvd # 1208		550 Oke	echobee Blvd # 1208
	West Palm Beach, FL 33401		West Pal	lm Beach, FL 33401
	06/29/2017		L1700014	1481
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Timucin Yalcin			
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)	Lec 7
	5414 Sunrise Blvd			AHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAH
	Delray Beach , FI	3348	34	ARY SSE
(b)	DES Agent LLC			FF SI
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	ATE NO.
	NEW Registered Office Address:			-
	1760 N Jog Road, Suite 150			-
	West Palm Beach , F	_334 ⁻	11	_
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member	f the re iability of the l e limite	gistered office company, it i imited liabilit d liability con rgun Abalio	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in appany. Printed or typed name of signee
provi the o	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid reference a change in the registered office address, led in writing of this change.	e perfor ed for i hereby	mance of my chapter 60: confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent