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## **COVER LETTER**

Division of Corporations	•		
SUBJECT: Klara and Mame of Lin	mited 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 matte	r to the following:		
Whitney Dancaster Name of Person			
Klara and Moss L	<u>IC</u>		
2100 Van Buren St. # 201 Address			
Holly wood FL 33020 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Whitney Dancastery 410, 924-3003 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 Tallahassec, 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

Floride	а.	
1. Na	ame of the limited liability company: Klaca and V	Moss UC
2. (a)	-Klara and Moss LLC (b) Kla	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2100 Van Buren S	SAME
	unit # 201, Hollywood FL 33020	·
	A . 1 20 2011 1 170001932112	
3.	(145415) 28 2017 L17000183243  Dayl of filing/registration in Florida 4.	Document number
5. (a)	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CK 10016
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
A	Klara and Mosselle a 1,500	
duss	2501 5 Ocean Dr. Apt 108	
	Holly w cod FL 33019	SEP FI
(b)		FILED SP 17 P
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	P D
ou)	2100 Van Buren St.	3 E W
dreas	NEW Registered Office Address:	- 23 Date:
	Unit # 201	_
	Holywood FL 33020	
	1)	
the cha	limited liability company is not organized under the laws of the State of Fange or changes are made, the Florida street address of the registered offi	ce and the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liability and liability and the limited liability and liabil	ity company or as otherwise provided in
the art	icles of organization or the operating agreement of the limited liability co	Dancastate
		Printed or typed name of signee
l here provisi	by accept the appointment as registered agent and agree to act in this ca ions of all statutes relative to the proper and complete performance of m	spacity. I further agree to comply with the y duties, and I am familiar with and accept
tne on to mer notifie	ions of all statutes relative to the proper and complete performance of m ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address. I hereby confirm that dip writing of this change.	os, r.s. Or, if this document is being filed it the limited liability company has been
$\mathcal{L}$	Mitrus L Varcesto	
Signatu	ire of Registered Agent	