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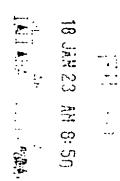
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

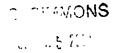
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Casifa Trading 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:
John + Yazinsky Name of Person
Casita trading LCC Firm/Company
2805 Casifa way Aprt 214 Address
Pellay beach El 33445 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Yazinsky at 917 757-7479 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.

rioriaa	
1. Na	me of the limited liability company: Casita Trading LLC
2. (a)	2805 Casita Wax Aptolyb) (Same)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Delray beach Cl 33445
	12.11.17 De L 1700025281
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Copporation agents inc, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding oat court suite A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	The state of the s
	<u>tampa</u> .FL 33612
(b)	John + Yazinsky : =
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2805 Casita Way APT 214
	NEW Registered Office Address:
	Dellaybeach FL 33445
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of the registered office and the business office of the registered
was/we	rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company.
Signat	ute of a member or authorized representative of a member John Yazin Sky Printed or typed name of significe
1 hereb	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provision the oblition to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
<u> </u>	
Signatut	o di Regimerad Agon)
	Div ision of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

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: <u>Casifae Trading LLC</u> 2. (a) <u>2805</u> <u>Casifae Way Aptolyb)</u> <u>(Same)</u>
2 m 2805 (asita lalas notally) (Same)
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Dellay beach Cl 33445
3. Date of filing/registration in Florida 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. (a) United States copporation agents inc, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding oat court suite A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
<u>tampa</u> FL 33612
TI + Yuzucka
Enter name of NEW Registered Agent and/or NEW Registered (Mice address)
NEW Registered Office Address:
Dellaybeach FL 33445
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 of a member or authorized representative of a member Printed or typed name of Signature
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 Jamiliar 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.
To to
Signature of Registered Agort
Div ision of Corporations P.O. Box 6327 Tallahassec, FL 32314 FILING FEE: \$25.00