1800097295

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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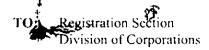


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COVER LETTER



PEKIBOO KIDS FASHION LLC SUBJECT:) 				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning this m	natter to the	following:			
DAMELIS PALMAR					
Name of Person					
PEKIBOO FASHION LLC					
Firm/Company	•••	_			
10236 NW 52ND TERRACE			, <u>, , , , , , , , , , , , , , , , , , </u>		
Address			19 19 19		
DORAL FL 33178			:-3		
City/State and Zip Code			ک بی		
ORIANNARAAZ@HOTMAIL.COM			ر. دع آ		
E-mail address: (to be used for future annual	report noti	fication)	•		
For further information concerning this matter, ple	ase call:				
DAMELIS PALMAR	786	3525328			
Name of Person		Area Code & Daytime Telephor	ie Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.o	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
Enclosed is a check for the following am	iount:				
☑ \$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. Na	ame of the limited liability company: PEKIBOO	KIDS FASHION LLC		
2. (a)		(b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Maiti	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2555 NW 102 AVE 100A	2555 NW 1	02 AVE 100A	
	DORAL FL 33178	DORAL FL	33178	
	04/17/2018	VP180000972	95	
3.	Date of filing/registration in Florida	4. / Do	cument number	
5. (a)	ORIANNA RAAZ			
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET 2555 NW 102ND AVE 100A	ET ADDRESS)	េះ	
	DORAL	_{FL} 33172		
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	-2 A 5	
	NEW Registered Office Address:		ر 2	
	10236 NW 52ND TER			
	DORAL	FL.33178		
the cha agent was/we the art Signa I here provise the obt	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the distribution of a member of all statutes relative to the proper and completing of a member of a me	of the registered office and hiability company, it is here so the limited liability company. The limited liability company by the liability l	If the business office of the registered reby confirmed that the change(s) impany or as otherwise provided in the change of signee and or typed name of signee as a Liurther agree to comply with the	
Signatu	tre of Registered Awart			

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