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SECRITARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		·.	
SUBJE	Von Ewegen, LLC			
00101		ne of Limited	Liability Company	
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.	
Please	return all correspondence concerning th	iis matter to th	he following:	
Rober	t Kesmodel			
	Name of Person			
	Firm/Company			
11 Isla	and Avenue 806			
	Address			18 SE TAL
Miami	i Beach, FL 33139			AUG CRETA LAHAS
	City/State and Zip Code			FILED 16 10 PM 145 15 PL 145 SEE, FL
rkesm	nodel@gmail.com			
E	-mail address: (to be used for future and	nual report no	otification)	6: 3 8
For fur	ther information concerning this matter	, please call:		⊅ do
Rober	t Kesmodel	305	798-9006	
	Name of Person		Area Code & Daytime Telep	hone 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	g amount:		
	■ \$25 Filing Fee CK 126D	٥	\$55 Filing Fee & Certified Copy	
INHS18	3 (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.

(a)	Von Ewegen,LLC		(b) Von Ewegen, LLC	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lin	nited liability company; OST OFFICE BOX)
	Steevestrasse 18		11 Island Avenue 806	
	21271 Hanstedt, Germany		Miami Beach, FL 3313	9
	June 20, 2018		L18000151355	
	Date of filing/registration in Florida	4.	Document numb	per
(a)	Robert H Kesmodel			
			ida Dept. of State:	
	11 Island Avenue 806 Miami Beach, FL 33 Registered Office Address (MUST BE FLORIDA STREE 11 island Avenue 806	T ADDRE	SS)	18 S. 18
	Registered Office Address (MUST BE FLORIDA STREE		SS)	18 A SECRI
(b)	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)	LA A
(b)	Registered Office Address (MUST BE FLORIDA STREE 11 island Avenue 806 Miami Beach	3313	9	L A
(b)	Registered Office Address (MUST BE FLORIDA STREE 11 island Avenue 806 Miami Beach Beatrice Roy	T ADDRE	9	FILED AUG TO PH 6: CRETAGE OF STA LAHASSEE, FLORE
(b)	Registered Office Address (MUST BE FLORIDA STREE 11 island Avenue 806 Miami Beach Beatrice Roy Enter name of NEW Registered Agent and/or NEW Register	T ADDRE	9	FILED AUG 10 PH CRUTANG OF A LAHASSEE, FL
(b)	Registered Office Address (MUST BE FLORIDA STREE 11 island Avenue 806 Miami Beach Beatrice Roy Enter name of NEW Registered Agent and/or NEW Register 5 Island Avenue 12A Miami Beach, FL 33	T ADDRE	9	FILED AUG TO PH 6: CINCTANA CHESTA LAHASSEE, FLORE

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 signee

Robert H. Kesmodel

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 familiar 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.

Signature of Registered Agent