## 115000152928

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Re	questor's Name)	_
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10/7/20



August 27, 2020

CLERMONT KITCHENS 16129 SR 50 SUITE 106 CLERMONT, FL 34711

SUBJECT: OKB & CI2V LLC Ref. Number: L18000152928

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 520A00016458

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OKB & CIQV LLC  Name of Limited Liability Company	
Dear Sir or Madam:	
The anglesed Posistered Assess(Decision 1997)	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Beatriz Marzuca Name of Person	
- OKB+C12VLLC	
Firm/Company	
914 5, Ovange Blosson TR Suile 118	
Address	
Orlando, F1 32837 City/State and Zip Code	
City/State and Zip Code	
Maritza & clerment Kitchens. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Beatriz Marzuea at (401) 811-0515  Name of Person Area Code & Daytime Telephone	Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303	310
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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.

l. Na	une of the limited liability company: $OKB + C/QV$ , $LLC$
2. (a)	(b) Clerman Kitchers
~. (a)	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  9141 5. Orange Blossen IV. Saite 16/29 SR 50 Suite # 106
	9141 3. Ovange Blossen 18. Saite 16/29 SR 50 Suite # 106 Oxlando, F1 32831 Clerment, F1 34711
	Chlande, 17 32831 Clerment, F1 34711
	6/21/2018 L18000/57928
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Beatur Marzica
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  [1]4/5, Orange Dio 650m Th
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite #8
	<u>Orlando</u>
(b)	Beatriz Marzuca
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	16/29 SR 50 Suite# 106
	NEW Registered Office Address:
	Clermont FL 347/1
change agent v was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ideas of organization or the operating agreement of the limited liability company.
	ture of thembefor authorized representative of a member  Printed or typed name of signce
I here provisi the obi	by accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been den writing of this change.
Signard	tre of Registard Agent
,	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00