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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: Kim Trld Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Tessa Neua TRlaja Name of Person		
Kim Talaja LLL Firm/Company		
2301 COLLINS AVENUE 926 Address	<u> </u>	
Miami Beach FL 33139 City/State and Zip Code		
TNW, TRIZJZ@ Gmad. con E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	1:	
Tessa Triaia au 70	16, 630 0604	
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:		
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida

1.	Na	ame of the limited liability company: Kim TRICIE	e He
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1300 COLLINS AVENUE 205 Miami Beach, Fl 33139	1300 Collins Ave day 203 miami Beach Fl 33139
3.		Date of filing/registration in Florida 4.	L 18002080U5 Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida E	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S. Semuran BWD SU ORlando .FL 328	22 2 2 2
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office addr	SE AND TO SERVICE TO S
		NEW Registered Office Address: 2301 (alin) Avenue 929 Miami Beach FL 3313	. ()
the age wa the	e cha ent w s/we arti	imited liability company is not organized under the laws of the Sunge or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability concere authorized by an affirmative vote of the members of the limited liability conceres of organization or the operating agreement of the limited liability concerns of a member authorized representative of a member	f State of Florida, it is hereby confirmed that after ered office and the business office of the registen appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in the change is the change of the confirmed that the change is the confirmed that after the confirmed that the change is the c

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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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