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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kultura U (	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Many Grace Cally Name of Person	
Firm/Company	<del></del>
8B12 Boxwood dr 1	<del></del> 원년
Tampa, FL 33615 City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
Many Grave Carry at (8	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

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.

l. Na	ime of the limited liability company: <u>Kultura U.C</u>
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b)  (b)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
_	Tampa, FL 33615
3.	September 19, 3618  Date of filing/registration in Florida  L18000727777  Document number
5. (a)	Mni Hed States Carporation agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BD FLORIDA STREET ADDRESS)
-	A Tampa, FL 33612
(b)	May Grace Call X  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	8312 Boxwood ov  NEW Registered Office Address:
	Tampa .FL 33615
the cha agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in calculation or the operating agreement of the limited liability company.
/V/ Sign/	ture of a number or authorized representative of a member  May Grace COLY  Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as 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 lely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	re di Registered Agent

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