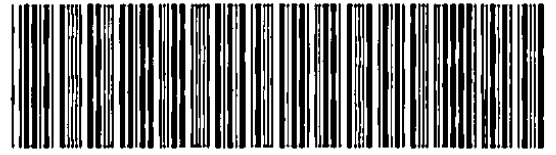


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2019 OCT -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kokoro Ni Couture LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriela Castillo
Name of Person

Kokoro Ni Couture LLC
Firm/Company

3245 NE 184th st Apt 13407
Address

Aventura, Florida 33160
City/State and Zip Code

gccp2000@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Castillo at (305) 5425170
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:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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 Florida.

1. Name of the limited liability company: Kokoro Ni Couture Llc

2. (a) 3245 NE 184th st Apt 13407 (b) 3245 NE 184th st Apt 13407
 Principal office address of limited liability company: Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Aventura, Florida 33160 Aventura, Florida 33160

3. 10/25/2018 4. L18000251618
 Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD SUITE 36
Orlando, FL 32822

2019 OCT -3 11:11 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Fernando Pardo
NEW Registered Office Address:
3245 NE 184th St, Apt 13407
Aventura, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at 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 was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Gabriela Castillo
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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