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COVER LETTER

Division of Corporations
SUBJECT: MK Freitas, 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:
Mauricio de Souza Freitas Name of Person
NIK Freitas LLC Firm/Company
2554 Lake Debra Dr. #25/10 Address
Orlando FL 32835 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mauricio Freitas at 407 371-2014 Name of Person Area Code & Daytime Telephone Number
Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 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.

1. Name of the limited liability company: MK Fr.	eitas, LLC
	(b) 2554 Lake Debra Dr #255
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Orlando, FL 32835	Orlando, FL 32835
12 - 06 - 2018 3. Date of filing/registration in Florida 4.	<u>L/8000280735</u> Document number
5. (a) De Souza Freitas, Mauricio L	
Registered Agent and Registered Office shown on the records of the Flo 2534 Loke Debru Dr # 26 Registered Office Address (MUST BE FLORIDA STREET ADDR	5570
Orlando, FL 32835	
, FL	
(b) X Lucas Basho De Sou- Enter name of NEW Registered Agent and/or NEW Registered Office	<u> 2a</u>
4206 Eastgate Dr NEW Registered Office Address:	
Orlando .FL 3	32835
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regis igent will be identical. Or, in the case of a Florida limited liability vas/were authorized by an affirmative vote of the members of the he articles of organization or the operating agreement of the limit	stered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ted liability company.
Signature of a member of authorized representative of a member	Lucas Bastos De Souza Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performed he obligations of my position as registered agent as provided for a merely reflect a change in the registered office address. I hereby officed in writing of this change.	act in this capacity. I further agree to comply with the
Signature of Registered Agent Division of Corporations P.O. Box 6	6327● Tallahassee, FL 32314

FILING FEE: \$25.00