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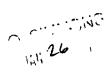




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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MIGMI MEYMOID SWIM SCHOOL ILC 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:		
Kaith Kamer Name of Person		
Miami Mermaid Swim School LLC Firm/Company		
550 15th Street Apayament 202		
Miami Beach, Fl 33139 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KUITH KUMEY at (502) 693-9937 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		

☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

\$\$25 Filing Fee

Enclosed is a check for the following amount:

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: Millim Mey	raid Swim School LLC
2. (a) 550 15th Styfft Apt 207 Principal office address of limited liability company:	(b) 550 151 Street Apt 202
(Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami Brach Fl 33139	Miami Beach F1 33139
,	
12-18-18	L18000789525
3. Date of filing/registration in Florida 4	Document number
5. (a) UNITED STUTES (UNDOWN) on the records of the F	orida Dept. of State:
13302 Winding Oak (WT) Registered Office Address (MUST BE FLORIDA STREET ADDI	ress) 500 5
SVITE A	
TUMPO , FL 3	3412
, FL o	<u> </u>
(b) KUITIN KAMER	FEST:
Enter name of NEW Registered Agent and/or NEW Registered Office	e address:
550 15in Street Apartme	nt 202
, Midmi Beath Fl	
Collin Death 11	
, FI, <u>3</u>	3139
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the limit	registered 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
Signature of a member or authorized representative of a member	Kaitin kamer
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfithe obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I herel notified in writing of this change.	act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been

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

Signature of Registered Agent