LIG CCCOHA3994

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations	
KOPF ACQUISITIONS, LLC SUBJECT:	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Maria Piva	
Name of Person	
Goldstein & Company	
Firm/Company	
1805 Ponce de Leon Boulevard, Suite 400	
Address	
Coral Gables, Florida 33134	
City/State and Zip Code	
service@gattorneys.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Maria Piva	305 930-7200 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: 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	g amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

ι.	Na	me of the limited liability company: KOPF ACQUISIT	TONS, I	رار: <u>—</u>	C			<u>_</u>		
2	(a)	1805 PONCE DE LEON BOULEVARD	(1	(b) 1805 PONCE DE LEON BOULEVARD						
	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	υ,		Mailing address of limited liabilit (Note: MAY BE POST OFFI				
		SUITE 400			SUITE 400	0				
		CORAL GABLES	_		CORAL G	ABLES				
		02/12/2019		1	.19000042	384				
3.	(a)	Date of filing/registration in Florida SERBER & ASSOCIATES, P.A.	4.	_		Document number	-			
5.	(a)	Registered Agent and Registered Office shown on the records of t 2875 NE 191ST STREET	he Florid	a I	Dept. of State	– e:				
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u>S)</u>		_	22 SEP	74.0 176.0 27.0		
		AVENTURA FL	33180				<u> 19</u>			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	PM 2: 45				
		1805 PONCE DE LEON BOULEVARD			_	_				
		NEW Registered Office Address: SUITE 400				_				
		CORAL GABLES, FL	33134			_				
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an artificative vote of the members of cles of organization or the operating agreement of the	register bility con f the lin limited	red on nit lia	l office and pany, it is ed liability billity com	d the business office of the s hereby confirmed that the y company or as otherwise	regist chang	ered ge(s)		
_	Signature of a member or authorized representative of a member					Printed or typed name of signee				
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agree on sofull statutes relative to the proper and complete igations of my position as registered agent as provided by reflected change in the registered office address. In a large of this change.	perform l for in (iar Ch	ice oj my a iapter 605	auties, and I am jamiliar w 5, F.S. Or, if this document	in and is bei	a accept ng filed		
Si	gnatif	re of Registered Agent								

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