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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SYKABA	<u>, , , , , , , , , , , , , , , , , , , </u>
Name of Limited Liabil	ity 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 follo	owing:
Elias KANAAN Name of Person	
54 KABA Firm/Company	
34 Winston Drive	
Bellegic, FC 3375 City/State and Zip Code	6
E-mail address: (to be used for future annual report notification)	Cam
For further information concerning this matter, please call:	
	5422698 rea Code & Daytime Telephone Number
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	iling 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.

2. (a)		(b)		
- () .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , , , , , , , , , , , , , , , , , , ,	Mailing addre	ess of limited liability company: (Y BE POST OFFICE BOX)
	•			_
	34 winston Drive	<u></u>		ml
	Rellegii, FL 33756	_ 		
	03-12-2019	<u>L_1</u>	900006	(9703
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	M. Fachuer, ESO, LLC			
U. (L)	Registered Agent and Registered Office shown on the records of the			
	600 By pass Dr. Suit 10 Registered Office Address (MUST BE FLORIDA STREET AL	o. (I)A. DDRESS)	inate,	FL 33764
	^ - . .			
	By Mass Drive			
	llenwater, FL	_33×6	4	
(b)	Elias Kanaan	1		20 2 0
. , .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office address:		201
	34 winston Drive	·		2020 HAR -6
	NEW Registered Office Address:			
				PH 5:
	Bellegic	3375	6	PH 5: 37
(Caba 1	imited liability company is not organized under the laws	of the State o	CElorida it is h	noraby confirmed that after
change	or changes are made, the Florida street address of the re	egistered office	e and the busine	ess office of the registered
was/w	vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	the limited lial	bility company	or as otherwise provided i
	icles of organization or the operating agreement of the li	mited liability	company.	1/
ne arti			1	. 1/
he arti	ture of a member or authorized representative of a member		£1105	yped name of signee

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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

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