## 119000070472

(Requestor's Name)					
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PICK-UP	MAIT	MAIL			
(Busi	ness Entity Nam	ne)			
(232)		-,			
(Doci	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Fi	ling Officer:				

Office Use Only



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FEB 11 2020 S. YOUNG.

## **COVER LETTER**

TO:

Registration Section

Divis	sion of Corporations				
SUBJECT:	MAUSHAKEA ONE LLC  Name of Limited Liability Company				
SUBJECT:					
Dear Sir or M	ladam:				
The enclosed	Registered Agent/Registered Office Chang	ige and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter	to the following:			
IGOR F PIOF					
	Name of Person				
MAUSHAKE	A ONE LLC				
	Firm/Company	<del></del>			
877 NW 97 AV	VE				
	Address				
PLANTATION	N, FL 33324				
	City/State and Zip Code				
t-ABAD@MS	N.COM				
E-mail a	address: (to be used for future annual repor	rt notification)			
For further in	formation concerning this matter, please ca	rall:			
IGOR F PIOI		54 815-1472			
	Name of Person	Area Code & Daytime Telephone Number			
Regi: Divis P.O.	stration Section sion of Corporations Box 6327 phassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclo	osed is a check for the following amount:	f:			
<b>■</b> \$2	5 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.

Na	ame of the limited liability company: MAUSHAKEA C	ONE LLO	;	
(a)	877 NW 97 AVE. PLANTATION, FL 33324	(b	877 NW 9	7 AVE. PLANTATION, FL 33324
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(.		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	MARCH 13, 2019		L190000704	
	Date of filing/registration in Florida	4.		Document number
(a)	IGOR F ABAD			_
	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Stat	. 28
				2020 JAN 13
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2	TOTAL AN
	877 NW 97 AVE.			AN 13 A CHARLES CON OF CORN OF CORN OF CORN OF CORN ON A STEE CORN ON A STEE CORN ON A STEE CORN ON A STEE CORN OF COR
	PLANTATION, , FL	33324		
(b)	IGOR F PIOPORTA			Trister of the state of the sta
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	7. P
	IGOR F PIOPORTA			_
	NEW Registered Office Address:			
	NO CHANGE			
			··· - <u></u>	-
	. FL			
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office an mpany, it is ited liability iability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member of authorized representative of a member			Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change in the change.	verforma	ince of my o	duties, and I am Familiar with and accept
gnatu	re of Registered Agent			
	Division of Corporations P.O. I	Box 6327	o Tallaha:	ssee, F1. 32314

**FILING FEE: \$25.00**