L19000109395

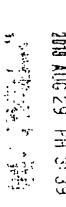
(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



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US/18/19--81820--88 **25.00



AUG 29 2019 M. SOLOMON



May 22, 2019

FARES AYALI 1508 CONWAY ISLE CIR ORLANDO, FL 32809

SUBJECT: MYZ HOSPITALITY LLC

Ref. Number: L19000109395

We have received your document for MYZ HOSPITALITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 619A00010384

RECEIVED

AUG 2.9 2013

COVER LETTÉR

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: Myz Hospitality 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:		
Fares Kayali			
Name of Person	 		
Kayali Real Estate LLC			
Firm/Company			
1508 Conway Isle Cir			
Address			
Orlando, FL 32809			
City/State and Zip Cod	de		
fareskayali82@gmail.com			
E-mail address: (to be used for future	annual report notification)		
For further information concerning this man	tter, please call:		
Fares Kayali	at () 443-1022		
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		
Enclosed is a check for the following 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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Myz Hospita	lity LLC	
2. (a)	3565 Conway Gardens Rd	(b)	
2. (0)	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 32806		
	5/1/2019	L19000	0109395
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENT		
, ,	Registered Agent and Registered Office shown on the records of 13302 WINDING OAK COURT	of the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	Α		# ^2
	Tampa , F	33612	# # # # # # # # # # # # # # # # # # #
(b)	Kayali Real Estate LLC Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	1508 Conway Isle Cir		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		₩ <u>₩</u>
	Orlando, F	L_32809	
the ch agent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab	ffice and the business office of the registere it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Doug havia De	Maya Kay	
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mei	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provid- rely reflect a change in the registered office address, and in writing of this change.	gree to act in this it performance of ded for in Chapter I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and acce, 605, F.S. Or, if this document is being file hat the limited liability company has been
Signat	ure of Registered Agent		