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05/17/19--01012--017 ★+25.00





COVER LETTER

COVER LETTER						
TO: Registration Section Division of Corporations	1 min	3				
SUBJECT: LKA, LL	of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Natalia de Cubas Name of Person						
LKA, LLC Firm/Company						
16026 SW 147 St Address						
MIAMI F 33196 City/State and Zip Code						
E-mail address: (to be used for future annu	ial report notification)					
For further information concerning this matter, p	please call:					
Natura de Cubas Name of Person	at (305) 898-2967 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:						
□ 3 25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

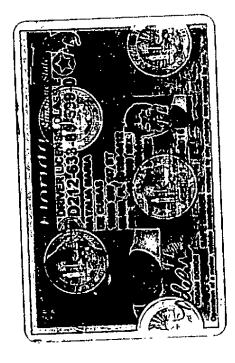
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

i. Nai	me of the limited liability company: (KA)	LLC.			
2. (a) _	16026 SW 147 St.	_ (b)			
` , -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \/	-	ress of limited liab	
	Midna F 22/9/		(<u>Note: N</u>	<u>IAY BE POST OF</u>	· F IC E. BO.A)
	MIMI 11 30116	_			
					
	4/25/19	<u>L</u>	9000	113314	<i>p</i>
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	Natalia de Cubas			4.0 م	EW .
	Registered Agent and Registered Office shown on the records of the	ie Florida Dept.	of State:	ेंच :-	
	10176 SW 141 ST	nnarce)			
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DUKE33)</u>			377
	BA20.00	02101			
	MIAMI .FL	<u> 9519 (</u>	2		
• (b)	Natalia de Cubas				•
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			
	16026 SW 147 ST				
	NEW Registered Office Address: MIAMI, FL 33196				
	. FL				
10.1 1'				-)	
the cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of	the registered	office and the	business office	of the registered
was/w	vill be identical. Or, in the case of a Florida limited lia He authorized by an affirmative vote of the members of	f the limited I	liability compar	confirmed that by or as otherw	the change(s) rise provided in
the arti	les of organization or the operating agreement of the I			Culas	
Signat	rure of a member or authorized representative of a member	1/0/10	Printed o	r typed name of si	дпее
I herel	by accept the appointment as registered agent and agre	ee to act in th	is capacity. I f	urther agree to	comply with the
provisi the obl	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I h	performance l for in Chap	of my duties, ai ter 605, F.S. O	nd Lam familia r, if this docum	r with and accept sent is being filed
to mere notifie	ly reflect a change in the registered office address. I he have into a fithis change.	ereby confiri	n inat the timile	га навину сот	ipany nas been
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent



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