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COVER LETTER

INHS18 (2/14)

	Registration Se Division of Co				
SUBJE	CT:	KASH	Motor Name of Limit	ed Lia	bility Company
Dear Sir	r or Madam:				
The enc	losed Registere	ed Agent/Registere	ed Office Change	and f	ee(s) are submitted for filing.
Please r	eturn all corres	pondence concern	ing this matter to	the fo	ollowing:
Volo	OHMR	Kasnpe Name of Person	RW		_
		Hotors Firm/Company	ШС		_
_56	19 Pa	dmen st	<u>'</u>		_
H	ollsus	sad Fl	33013	3	_
K		ty/State and Zip C	_	m	
E-:	mail address: (1	o be used for finding	re annual report	notific	ation)
For furth	her information	concerning this m	natter, please call	l:	
Vdo	OYMYR	KASHPER	100 at (}	05	, 9226766
	Name	of Person	,		Area Code & Daytime Telephone Number
,	STREET/COUREgistration See Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g : Center Circle	S:	Regi Divi: P.O.	HLING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a c	check for the follo	wing amount:		
	🗖 \$25 Filing F	ee	C	□ \$55	Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida

suomus the jouowing statement in order to change its regis Florida.	. 1	isterea agent, or both,	in the State
1. Name of the limited liability company: KASI	1 Motors	<u>, 4</u>	
2. (a) 5629 Rodwan st Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Hollywood PL 33023	Ma	ailing address of limited liabile (Note: MAY BE POST OFF	ity company: TCE BOX)
05/22/2019 Date of filing/registration in Florida		000138155	, ————
5. (a) Volodymur Kashperke)		
Registered Agent and Registered Office shown on the records of the 5629 Rodman St. Registered Office Address MUST BE FLORIDA STREET AD Holly und FL. (b) Gisela Cry Aceve Enter name of NEW Registered Agent and/or NEW Registered Office Address:	33023 do ffice address:	2019 AUG 15 AM 8:50 SECULTAHASSES FL	
Hollymood FL	33023		
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the line.	ic registered office a ility company, it is l the limited liability mited liability comp	and the business office of hereby confirmed that the company or as otherwise bany.	of the registered te change(s) te provided in
Signature of a member of a member	-	Printed or typed name of signe	20
I hereby accept the appeintment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change:	to act in this capac	rity. I further agree to co	omply with the

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

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