L19000245695

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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SECRUMEN OF STATE

O WE TO THE

COVER LETTER

то:	Registration Section Division of Corporations			r				
SUBJ	KCMUTLU LLC							
5015	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	l Office Change a	and fee(s) are submitted for	· filing.				
Please	return all correspondence concernir	ng this matter to the	he following:					
Osmar	a Tolga Kayan							
	Name of Person							
Kayan	and Assocites PA							
	Firm/Company							
3701 S	Outh Longfellow Circle							
	Address							
Hollyw	/oo, FL 33021			ဟ	21			
	City/State and Zip Co	de		ECKE TALI	7020 JUL	u T		
otkaya	n@msn.com				ا ا ا	e nym serie		
	-mail address: (to be used for future	annual report no	tification)	AS	<u>م</u>			
For fu	ther information concerning this ma	uter, please call:		mo met	AH 7: 0:	,		
Osman	Tolga Kayan	305 at (479-9068)	L. T.	80			
	Name of Person		Area Code & Daytime	e Telephone Number				
	Mailing Address:		Street Address:					
	Registration Section		Registration Section	n				
	Division of Corporations		Division of Corpora					
	P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314		2415 N. Monroe St Tallahassee, FL 323					
	Enclosed is a check for the follow	ving amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified	д Сору				

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.

1. Na	ame of the limited liability company: KCMUTLU LI	LC					·
2 (a)		(b)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······································		Mailing address of limite (Note: MAY BE POS		-	-
	17070 Collins Ave Suite 256		17070 Col	lins Ave Suite 256			
	Sunny Isles Beach, FL 33160		Sunny Isle	s Beach , FL, 33160			
	9/30/19		L190002456	595			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
,	Registered Agent and Registered Office shown on the records JULISSE JIMENEZ, PA			e :			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	<u>s)</u>	_			
	701 BRICKELL AVE SUITE 2000			_	SECT NOTE:	2020 JUL	. e-Tred
	MIAMI,	FL_33131		_)UL -	7 ceres
(b)					SASS	5 A	1
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:	_	121.22	⊐K J	
					四至	7: 09	
	Kayan and Associaes PA				[7]	9	
	NEW Registered Office Address:			_			
	3701 South Longfellow Cirle			_			
	Hollywood	FL		_			
change agent v was/we the arts	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the case of a member or authorized representative of a member	the register Hiability costs of the lind the limited	ed office an ompany, it is nited liabilit	d the business office s hereby confirmed t y company or as oth	of the rethat the cerwise p	egister change	ed (s)
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	ngree to ac te perform ded for in I hereby c	t in this capt ance of my o Chapter 605 onfirm that	acity. I further agre duties, and I am Jam i, F.S. Or, if this doo the limited liability o	e to com iliar wit cument i company	ply wi h and s s being has b	th the accept g filed een

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

Kymad Arond, P.A.

Signature of Registered Agent