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D CUSHING

COVER LETTER

TO: Registration Section Division of Corpora				
My Happy Caba	ana			
	Name of Lim	nited Liability Company		
Dear Sir or Madam:				
The enclosed Registered Ag	ent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
Roberta Donato				
Na	me of Person			
Му Нарру Сабапа				
Fin	m/Company			
3531 Crystal Ct				
A	Address			
Miami, FL 33133				_
City/St	tate and Zip Code		2 ₀	55.
robertadonatok@gmail.com				- <u>- 1</u> - 11 - 1 1 - 11 - 11
E-mail address: (to be	used for future annual report	ort notification)	څ	
For further information con	cerning this matter, please c	call:	70	
Roberta Donato	83 at (.57 919-3060	12։ Ր ։	
Name of Po		Area Code & Daytime Telephone Numbe	r	盖
Mailing Address: Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 3	ion orations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a chec	k for the following amount	ıt:		
■ \$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.

l. Na	ame of the limited liability company: My Happy Cabana					
2. (a)	My Happy Cabana	(b)	му Нарру (Cabana		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/_	М	lailing address of limited liabili (Note: MAY BE POST OFF)	•	-
	3531 Crystal Ct, Miami FL 33133		531 Crysta	I Ct, Miami FL 33133		
	February 1st, 2020	1.2	:000003762	28		
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.5575					
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida D	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET AI S. SEMORAN BLVD.36	DDRESS)				
	ORLANDO , FL ³	2822				
(b)	Roberta Donato				12	
(-)	Enter name of NEW Registered Agent and/or NEW Registered (Mice addr	<u>PSS</u> :		â	:
	3531 Crystal Ct				; c.	100 ± (00 00 00 00 00 00 00 00 00 00 00 00 00
	NEW Registered Office Address:				PH 12: 1.4	PORA.
					<u>t. </u>	Tions
	Miami ,FL	33133				73
change agent was/w the art	limited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liable of a member or authorized representative of a member	egistered pility com the limite imited lia	office and pany, it is ed liability	I the business office of the hereby confirmed that the company or as otherwise	c registe c chang c provid	ered c(s)
	eby accept the appointment as registered agent and agre-	e to art is	n this cana	••		ith the
provis the ob toimer	ions of all statutes relative to the proper and complete sions of all statutes relative to the proper and complete pidigations of my position as registered agent as provided rely reflect a change in the registered office address, I he did in writing of this change.	e ricirmiin	ce in mv a	mues ana ram jamanar	rsizi uztu	acce//
Signat	ure of Registered Agent					