## L20000 160240

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(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Document Number)		
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OCEAN EXOTIC Name of Lim	LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
KAZACHENKO SERGEY Name of Person	
OCEAN EXOTIC LLC Firm/Company	
900 N FEDERAL HWY STE Address	306
HALLANDALE BCH FL 33 City/State and Zip Code	<i>009</i>
E-mail address: (to be used for future annual repor	n t notification)
For further information concerning this matter, please ca	all:
KAZA che NKo SER 9 ey at (7) Name of Person	786 709-84-81 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 'STATEMEN'T 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. Name of the limited liability company: QCFAN	EXOTIC LLC	
2. (a) 17/00 NBAY RD STE. 1902	(b) GOON FEDERAL HWY STE 3	
Principal office address of limited liability company:	Mailing address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	( <u>Note: MAY BE POST OFFICE BOX</u> )	
Sunny Isles BCH	HALLANDALE BCH	
FL 33160	FL 33009	
	•	
O6. 10. 2020  Date of filing/registration in Florida	L20000160240	
3. Date of filing/registration in Florida	4. Document number	
5 (a) KAZACHENKO SERREY		
5. (a) KAZA CHENKO SERGEY Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State;	
17100 N BAY RD. STE 19	02	
Registered Office Address VIUST BE FLORIDA STREET AD	ODRESS)	
SUNNY ISLES BCH	σ 😒	
	22.1CO ACT	
, FL_ <u></u> ,		
IN KAZACUENKO SERREU	33160 FIL	
(b) KAZACHENKO SERGEY Enter name of NEW Registered Agent and/or NEW Registered O		
17100 N BAY R.D. STE 190	Office address:  OF STATE  OF STATE	
NEW Registered Office Address:		
SUNNY ISLES BCH		
	0010-	
, FL_ <u>،</u>	<u>33160                                   </u>	
If the limited liability company is not organized under the laws	of the State of Florida, it is hereby confirmed that after the	
change or changes are made, the Florida street address of the re	egistered office and the business office of the registered	
agent will be identical. Or, in the case of a Florida limited liabilities was/were authorized by an affirmative vote of the members of	the limited liability company or as otherwise provided in	
the articles of organization or the operating agreement of the lin		
Maria	KAZACHENKO SERPEY Printed or typed name of signee	
Signature of a member or authorized representative of a member	Printed or typed name of Signee	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided f to merely reflect a change in the registered office address. I her notified in writing of this change.	to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been	

stered Agent