

L2000027673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

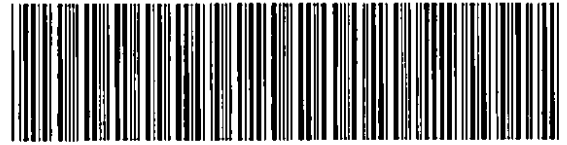
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: KIFFER LABORATORIES LLC  
Name of Corporation

DOCUMENT NUMBER: L20000272673

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS HERNANDEZ

Name of Contact Person

CHRIS HERNANDEZ CPA PLLC

Firm/Company

18137 NW 89 PLACE

Address

HIALEAH, FL 33018

City/State and Zip Code

vgonzalez@fyds.cl

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS HERNANDEZ

Name of Contact Person

at (305) 846-8610

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KIFFER LABORATORIES LLC
2. The principal office address: 800 SE 4TH AVENUE, SUITE 139, HALLANDALE BEACH, FL 33009  
NEW ADDRESS: 18137 NW 89 PLACE, HIALEAH FL 33018
3. The mailing address (if different): NEW ADDRESS: 18137 NW 89 PLACE, HIALEAH FL 33018
4. Date of incorporation/qualification: 09/01/2020 Document number: L20000272673
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED: TU CONTADOR EN MIAMI LLC

946 TYLER STREET

HOLLYWOOD, FL 33009

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRIS HERNANDEZ CPA PLLC

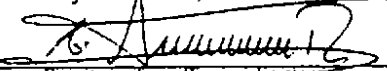
18137 NW 89 PLACE

P.O. Box NOT acceptable

HIALEAH, FL 33018

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

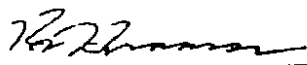
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

ENRIQUE A. ARRIVILLAGA ROBERT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

APRIL 28, 2023

Date

If signing on behalf of an entity:

CHRIS HERNANDEZ

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)