L21000134440			
(Requestor's Name) (Address) (Address)	300399113983		
(City/State/Zip/Phone #)	12/20/2201012020 ++25.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	202		
Special Instructions to Filing Officer:	20 AHII: 25 STATE		
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

BOULATES LLC

Name of Limited Liability Company

Dear Sir or Madam:

• . •

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOULAT MOUKHAMETOV

Name of Person

Firm/Company

100 SCHINDLER COURT APT #339

Address

EAST RUTHERFORD, NJ 07073

٠. \_

City/State and Zip Code

TATARBOULAT@YAHOO.COM

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

For further information concerning this matter, please call:

BOULAT MOUKHAMETOV	347 at (	4950301 )
Name of Person	\	Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

## Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

## -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.

a)	10325 PEBBLESTONE COURT		(b) <sup>1</sup>	100 SCHINDLER COURT. APT #339
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LEESBURG, FL 34788	_ <del></del>	E —	EAST RUTHERFORD, NJ 07073
			1.2	210001344440
(a)	Date of filing/registration in Florida BOULAT MOUKHAMETOV	4.		Document number
()	Registered Agent and Registered Office shown on the records	of the Flor	da De	ept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 2006 ASH STREET	T ADDRE	<u>.S.S</u> į	
	FERNANDINA BEACH	FL_32034		
b)	BOULAT MOUKHAMETOV			
0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	addre	20 AHII: 25
	<u>NEW</u> Registered Office Address:			
	10325 PEBBLESTONE			
	LEESBURG	FL_34788		
	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the mire of a member or authorized representative of a member	La manine		office and the business office of the registered
ret vivi	hire of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid- ly feflect a change in the registered office address,	gree to a Te nertar	CE IN mane	) this capacity. T Juriner agree to comply with ce of my duties, and I am familiar with and ac

Signar evi Registered Agent

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