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(Re	equestor's Name)					
(Address)						
(Ac	idress)					
(Ci	ty/State/Zip/Phone	#)				
☐ PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nam	e)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Kalifith Cost Name of Limited Lia	LL C ability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the fo	ollowing:					
Name of Person Call de Name Of Person Firm/Company	- - 8mPC					
1101 Brichell Ave Address	_					
City/State and Zip Code Al 455 D Hi Acusty team. Com E-mail-address: (to be used for future annual report notific						
For further information concerning this matter, please call:						
	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:						
S \$25 Filing Fee ☐ \$55	5 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.

	<i>k</i>	latifornia	West				
1. N		(411401111)	٠ د ١٠	1017	.chell An		_
2. (a)			(b)l	<u>: </u>			
	Principal office address of limited liability co		N	Mailing address of l (Note: MAY BE			r:
	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F-los-	Sa	4 TONE!	0.1	FL	
	30.1 10001				32,21	<u> </u>	
	Miam, EL 33131			ani FC	<u> </u>		
	7/02/21		<u>L210</u>	00 306	070		
3.	Date of filing/registration in Florid	da 4.		Document num	ber		
5. (a	Siana Sano						
`	Registered Agent and Registered Office shown on th	ne records of the Flori	da Dept. of State	:			
	1161 Brickell Al	ve	_				
	Registered Office Address (MUST BE FLORID.	•	<u>55)</u>		_	_	
	South TOWER &	N Plus	. <u></u>		1707	003	
	Mani FL	ي مير ا	131		ر ا	213	.]
	1001	, rb,	<u> </u>	•		ن ا ا	
(b	Alussa M'aul	les					ì
ζ-	Enter name of NEW Registered Agent and/or NEW	V Registered Office a	ddress:		:	P	- - j
	Mar Ordoli A				1	 من	رهجي.
	1/01 By Chil Ale		_			9	
	NEW Registered Office Address:	ON FI	1.0				
	- Suft TOWER	<u> 80 PC</u>	don				
	MTAMI	, FL <u>33</u>	131				
If the	limited liability company is not organized un	nder the laws of th	e State of Flo	rida, it is hereb	y confirmed th	hat afte	er the
chang	e or changes are made, the Florida street add	lress of the registe	red office and	I the business of	ffice of the reg	gistere	d
was/v	will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the	members of the li	mited liability	company or as	otherwise pro	ovided	l in
the ar	troles of organization or the operating agreem	nent of the limited	. 71				
	ature of a member or authorized representative of a me		Myss	Printed or typed n	au ly	<u> </u>	
	eby accept the appointment as registered age		et in this cana	71	Ū	lv with	the
nrowi	sions of all statutes relative to the proper and	i complete pertori	nance of my a	unes ana i am	tamınar wiin	ana a	ссепі
to me	olligations of my position as registered agent of reflect a change in the registered office and in writing of the change	address, I hereby	confirm that i	he limited liabil	lity company h	has bee	en
nougi 	ed in writing of this change.						
Signa	are of Registered Agent						