mobocoulo 9

(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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08 NOV -5 PM 3: 19

N. Gathan MOV a same

COVER LETTER

TO:	ro: Registration Section Division of Corporations				
SUBJ	ECT:	K TITUE COMPA (Name of Foreign	NY LLC Limited Liability Co	ompany)	
Dear S	Sir or Madar	m:	•		
		davit by Foreign Limite er(s) and fee(s) are subm		to Change Manager(s) or	
Please	e return all c	orrespondence concerni	ng this matter to the	following:	
	HOWAX	(Name of Person)	/		
		(Name of Person)			
	THE ,	COLTER GRUNT	9		
		(Firm/Company)			
4	1601	FURUM PLACE	E SUITE DE	75	
		(Address)	<u> </u>		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(City/State and Zip Co	ode)		
For fu	ırther inform	nation concerning this m	atter, please call:		
	HOWAR	O ELBSTEIN at (561 682-	-9500 EST 222	
	(Name	of Person)	(Area Code and Day	ytime Telephone Number)	
	STREET/ Registration	COURIER ADDRESS		G ADDRESS: on Section	
	_	f Corporations	-	of Corporations	
	Clifton Bu		P.O. Box		
		eutive Center Circle e, Florida 32301	Tallahass	ee, Florida 32314	
	osed is a che Filing Fee	ck for the following an \$30 Filing Fee & Certificate of Status	nount: \$55.00 Filing Fee Certified Copy	& \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E1	123(8/07)				

FILED

08 NOV -5 PM 3: 19 AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S) OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 3. This entity was authorized to transact business in Florida on 02/01/2016 and its Florida document/registration number is __MO60000 00609 4. The name and address of each manager or managing member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MAR MGR Required Signature: (Signature of Manager, Managing Member or Member)

Filing Fee: \$25