## M14000003613

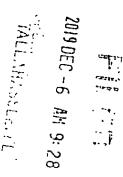
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500337518635

12/06/19--01027--008 \*\*55.00



C KIUZEN TAN 13 SOSO

## COVER LETTER

Division of Corporations				
SUBJECT:	My Garilla Garabe, LLC			
Name of Limited Liability Company				
Dear Sir or Mada	am:			
The enclosed Re	gistered Agent/Registe	ered Office Change and I	ee(s) are submitted for filing.	
Please return all	correspondence concer	rning this matter to the fo	ollowing:	
/	MAK STEINBE Name of Perso	nb		
	Name of Perso	n	_	
/	ny boarla bara	be, LLC		
	i iiii Company			
//44	Tallevast NU	1. Suite 111		
	Address		<del>_</del>	
CAN	LASOTA, FLA.	34243		
	City/State and Zip		<u>-</u>	
MANK 6	MyboxillABANA	68. Can		
E-mail add	ress: (to be used for fu	68. Con ture annual report notific	cation)	
For further infor	mation concerning this	matter, please call;		
MAAX	STENBER	at ( 5/3	_, 233-5627	
	Name of Person		Area Code & Daytime Telephone Numbe	
Mailing	Address:		Street Address:	
_	ation Section		Registration Section	
Divisioi P.Q. Be	n of Corporations		Division of Corporations	
	ssee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tanana	3800, 115 52514		Tallahassee, FL 32303	
Enclose	d is a check for the fo	llowing amount:		
□ \$25 F	filing Fee	<b>X</b> \$5	5 Filing Fee & Certified Copy	

INHS18 (2/14)

TO:

Registration Section

## 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.

1. Name of the limited liability company: My 60  2. (a) //44 TABEVAST NO. Suite III, Sausa Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	34243 574, FL (by 144) ny:	Mailing address of limited liability  (Note: MAY BE POST OFFIC	company: <i>342</i>
10/21/2016	M	14000003613	
Date of filing/registration in Florida  5. (a) ANICL M. MACLIAN  Registered Agent and Registered Office shown on the recomplete the file of the shown on the recomplete the file of the file of the shown on the recomplete the file of th	// REET ADDRESS)	Document number  VEL NICOSSE 1.1.  Of State:	CT T D
If the limited liability company is not organized under to change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limi was/were authorized by an affirmative vote of the mem the articles of organization or the operating agreement of Signature of a member or authorized representative of a member of hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and comple obligations of my position as registered agent as province of the proper of the proper and completely reflect a change in the registered office address to the proper and confided in writing of this change.	of the registered offited liability companibers of the limited libers of the limited liability of the limited liability.	y, it is hereby confirmed that the chability company or as otherwise play company.  MANN STEINBEAB  Printed or typed name of signee	egistered change(s) provided in