

M14000006135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

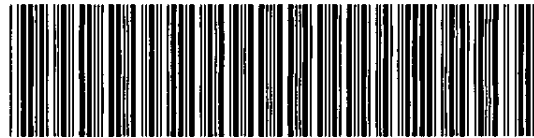
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF
15 MAY 19 PM 2:25
INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 19 AM 10:06

225/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 631400 7804100

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : May 15, 2015

ORDER TIME : 10:56 AM

ORDER NO. : 631400-005

CUSTOMER NO: 7804100

CHANGE OF AGENT

NAME: KABAFUSION HOLDINGS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KABAFUSION HOLDINGS 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:

Habib Rahman

Name of Person

Attorney at Law, CPA

Firm/Company

30 WESTLAND RD.

Address

WESTON MA 02493

City/State and Zip Code

hr1726@gmail.com

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

For further information concerning this matter, please call:

Habib Rahman

at (781) 647-7748

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 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.

1. Name of the limited liability company: KABAFUSION HOLDINGS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

17777 Center Court Drive Suite 550

17777 Center Court Drive Suite 550

Cerritos, CA 90703

Cerritos, CA 90703

08-27-2014

M14000006135

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324, FL _____

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 19 AM 10:06

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Sohail Masood, Member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lydia Cohen
Signature of Registered Agent

Corporation Service Company

BY:

Lydia Cohen
Asst. Vice President

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

FILING FEE: \$25.00