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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jun 14 07 04:53p Alferca Miami LLC	3058837273	p.2
3058837273		
COVER L	ETTER	•
TO: Registration Section Division of Corporations		•
SUBJECT: Grupo Fernandez Services LLC (Name of Limited Li	ability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted	or filing.
Please return all correspondence concerning this matte	r to the following:	
Joel Karp (Name of Person)	TALL	200
(Manie di Person)	LAH	T 1
Joel J. Karp, P.A. (Firm/Company)	ASSE	
520 Brickell Key Drive, Suite O-303 (Address)	OF STATE E.FLORIDA	ILED
Miami, FL 33131 (City/State and Zip Code)		-
For further information concerning this matter, please	call:	
Joel Karp at (305 (Name of Person)) 445-3545 (Area Code & Daytime Te	ephone Number)
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	•
Enclosed is a check for the following amount	:	
S25 Filing Fee	555 Filing Fee & Certified C	ру .
INHS18 (8/05)		: : : :

Received Time Jun. 14. 4:34PM

3058837273

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

		1 ,	#	
Pursuant to the provision liability company submit agent, or both, in the State	ons of sections 608.416 or 6 ts the following statement in te of Florida.	08.508, Florida Statut order to change its re	es, th gistere	undersigned limite d office or registere
1. The name of the limit	ed liability company is: <u>Gn</u>	po Fernandez Servi	ces I	LC
2. The mailing address o	of the limited liability compan	y is: <u>901 South Ro</u>	yal Po	inciana Blvd.,
Miami Springs, FL 3	3166			1
10/13/2003		L030000391	50	
3. Date of filing/registrat	ion in Florida	4. Document no		
5. The name of the register Florida Department of	ered agent and the registered State:	i office address as showi !	ı on tlı	e records of the
	Alhambra Register		_	
	Nam	•		
	2 Alhambra Plaz Addre		-	
		-	=	
	Coral Gables, City, State	and Zip	ESE	786
6. The name and address	of the new registered agent ar	nd/or office:	CRET	T 1 1900
	Key Registere		TARY ASSE	
	Name 520 Brickell Key Dri		F.F	TO M
	Florida street address (P.O.		STATE	ىب 🖢
	Miami FL	33131	ROA	5 Li
	City, State an			
confirmed that after the chand the business office of liability company, it is her of the members of the limited that the confirmed that after the change of the limited that the confirmed that after the change of the limited that after the change of the limited that after the change of the change of the limited that after the change of the change of the limited that after the change of the c	npany is not organized under nange or changes are made, the the registered agent will be in the change of the change of the limited liability company or as of the limited liability company.	ne Florida street address dentical. Or, in the cas ge(s) was/were authoriz otherwise provided in the	s of the	registered office lorida limited
(Signapure of a member or authori	zed representative of a member)			
1 FEDE	nico Ferran.	AEZ .		
(Printed or typed name of signee)	100,100	<u> </u>		
comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent are sof all statutes relative to the daccept the obligations of my his document is being filed to that the limited liability comp	nd agree to act in this control of agree to act in this control of the proper and complete to position as registered merely reflect a chango any has been notified to the control of the c	apacit perform agent e in the n writi	. I further agree to ance of my duties, as provided for in tregistered office ng of this change.
(Signature of Registered Agent)				
Division	n of Corporations, P.O. Box FILING FEE		L 3231	4

JNHS18 (8/05)