

LOS000095182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

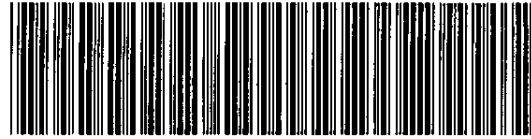
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100213089771

10/17/11--01016--016 **25.00

FILED
11 OCT 17 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 16 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 20621 SW 125 AVENUE, 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:

ALFREDO LAVERDE
Name of Person

20621 SW 125 AVENUE, LLC
Firm/Company

1082 SAN LUIS REY
Address

WESTON, FLORIDA 33326
City/State and Zip Code

alfredolaverde@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO LAVERDE at (754) 235 2772
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 608.416 or 608.508, 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: 20621 SW 125 AVENUE, LLC

2. (a) Principal office address of limited liability company: 20621 SW 125 AVENUE, LLC.

(Note: MUST BE STREET ADDRESS)

1082 SAN LUIS REY
WESTON, FLORIDA 33326

(b) Mailing address of limited liability company: 20621 SW 125 AVENUE, LLC.

(Note: MAY BE POST OFFICE BOX)

1082 SAN LUIS REY
WESTON, FLORIDA 33326

SEPTEMBER 28, 2005

3. Date of filing/registration in Florida

L05000095182

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CARLOS H. OCHOA

Registered Office Address: 20621 SW 125 AVENUE, LLC.
10300 SW 72 STREET, SUITE 318
MIAMI, FL 33173

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: CARLOS H. OCHOA

NEW Registered Office Address: 20621 SW 125 AVENUE, LLC.
(MUST BE FLORIDA STREET ADDRESS) 1082 SAN LUIS REY
WESTON, FL 33326

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

ALFREDO LAVERDE

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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
OCT 17 PM 12:47
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE