L08000109981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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B. KOHR

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EXAMINER

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ON SERVICE COMPANY.					
ACCOUNT NO.		:	120000000	0000195	
	REFERENCE	:	620568	7810608	
ΑĬ	JTHORIZATION	:			
	COST LIMIT	:	\$ 25.00		
ORDER DATE : Dece	ember 22, 201	0		Spelle de	
ORDER TIME : 9:1	.8 AM				
ORDER NO. : 6205	668-050				
CUSTOMER NO:	810608				
	CHANGE OF AC	GENT	<u>C</u>		
	OARES DA COST	га с	CONTRACTOR	. 1	
PLEASE RETURN THE	FOLLOWING AS	PRO	OOF OF FIL	ING:	
CERTIFIED PLAIN STAM					
CONTACT PERSON: J	eanine Revnol	ds	EXT# 2	933	

EXAMINER:

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: SOARES DA COSTA CONTRACTOR, LLC

1. Name of the limited liability company: SOARES I	DA COSTA CONTRACTOR, LL	C 78		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: _7270_NW_12th_Street _Suite_860 _Miami, FL_33126	P		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_7270 NW 12th Street _Suite 860 _Miami_FL 33126			
12/01/2008	L08000109981			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of Sta	te:		
Registered Agent:	Interamerican Corporate Service	es LLC		
Registered Office Address:	2525 Ponce De Leon Boulevard Suite 1225 Coral Gables, FL 33134			
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:			
NEW Registered Agent:	Corporation Service Company			
NEW Registered Office Address:	1201 Hays Street			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32	301		
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office and t	ha hucinece		
	<u>.</u>			
(Signature of a member or authorized representative of a member)				
(Signature of a member or authorized representative of a 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 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.

Description Service Company

(Signature of registered Ag m) Sylvia Queppet, Asst. VP

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