



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 19, 2015

FRANK O SOCARRAS
SOARRAS & ASSOCIATES
250 CATALONIA AVENUE STE 504
CORAL GABLES, FL 33134

SUBJECT: MIAMI HIALEAH LLC
Ref. Number: L11000031809

We have received your document for MIAMI HIALEAH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 315A00012950

FILED
15 JUN 15 AM 11: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI HIALEAH 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:

FRANK O SOCARRAS

Name of Person

SOCARRAS & ASSOCIATES

Firm/Company

250 CATALONIA AVENUE SUITE 504

Address

CORAL GABLES FL 33134

City/State and Zip Code

msocarras_sacpa@bellsouth.net

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

For further information concerning this matter, please call:

FRANK O SOCARRAS

at (**305**) **420-5326**

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

FILED
15 JUN 15 AM 11:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: MIAMI HIALEAH LLC

2. (a) C/O 4300 SW 74 AVENUE MIAMI FL 33155 (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MARCH 8, 2011

L11000031809

3. Date of filing/registration in Florida

4. Document number

5. (a) SOCARRAS, FRANK

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

3301 PONCE DE LEON BLVD SUITE 220

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

CORAL GABLES, FL 33134 US

(b) FRANK O SOCARRAS

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

SOCARRAS & ASSOCIATES

NEW Registered Office Address:

250 CATALONIA AVENUE SUITE 504

CORAL GABLES, FL 33134 USA

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15 JUN 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Edison Dias Filho
Signature of a member or authorized representative of a member

EDISON DIAS FILHO
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.

Frank O Socarras
Signature of Registered Agent