211000033152

(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:		
OCT 3 O ZOIS		
A. LUNT		

Office Use Only



700253137877

10/28/13--01057--012 **25.00



COVER LETTER

Division of Corporations	•	
SUBJECT: 1075 NE 79 th Name of Limited	SHEEL LLC d Liability Company	
Dear Sir or Madam:		
Dear Sir of Madarii;		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
MR. NICOLOS Brochone Name of Person		
1075 NE 79th Street, LLC Firm/Company	2013 OCT 2	- 1 1
270 NE 61 Street	Un≥ on t	
Address		; '
miomi Fl 33137 City/State and Zip Code	1.52 2.5 2.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1	
Mbnochune a) gmail. Com E-mail address: (to be used for future annual report notification		
For further information concerning this matter, please call:		
MR. Willelas Brocharie at (1) Name of Person	305) 753. 1119 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 amo	ount:	
□ \$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: 293 A	VE 6154 Street, LCC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	270 M (a) Street miomi, H 33/37
03.17.2011	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	
Registered Agent:	Mascal Nicolar &
Registered Office Address:	SUIFE 2K BOOK FOR 33439 11
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: A Prochane
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	270 NE 61 Street miami FL 33/37
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signature of a member of authorized representative of a member	
Micolas Brucherie Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent