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MAY 1 5 2019
S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJI	ECT: AEDES DRACO LLC				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	iclosed Registered Agent/Registered Off	ice Change and t	ee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the f	ollowing:		
ALES	SSIA, DAGHINO				
	Name of Person				
GEN:	S D PROPERTIES LLC				
	Firm/Company		_		
420 L	INCOLN ROAD, SUITE 357 SUI	TE 357	_		
	Address				
MIAN	1I BEACH FL 33139				
	City/State and Zip Code		_		
aede	sdraco@gmail.com				
E	E-mail address: (to be used for future and	nual report notific	cation)		
For fur	ther information concerning this matter.	please call:			
ALES	SSIA DAGHINO	646 at (9342973		
	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	Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	□ \$5:	5 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 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. Na	ame of the limited liability company: AEDES DI	RACO LLO	C	
			b)	
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST GIFICE BOX)	
	3850 SW 87TH AVE, SUITE 301		3850 SW 87TH AVE, SUITE 30!	
	MIAMI FL 33165		MIAMI FL 33165	
	03/15/2012		L1200003t356	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records	s of the Florida	a Dept. of State:	
	BFF MANAGEMENT SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>		
	420 LINCOLN ROAD, SUITE 357		1 19	
	MIAMI BEACH	FL_33139	FILED FILED	
(b)			Idress:	
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	Idress:	
	Jose A. Villar CPA PA		5. 49 	
	NEW Registered Office Address:	•		
	3850 SW 87TH AVE, SUITE 301	_		
	MIAMI	FL_33165		
the cha agent was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the under the operating agreement of the under the operating agreement of the under the operative of a member of a mem	s of the regis d liability corrs rs of the limi the limited li	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
I herel provision the oblition	by accept the appointment as registered agent and completed on sof all statutes relative to the proper and completed agent as provided igahous of my position as registered agent as provided reflect a change in the registered office address, I in writing of this change.	agree to act ete performa ided for in C , I hereby co	t in this congain. I first for correct to comply with the	e pt d

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

Signature of Registered Agent