## 113 00000 8428

| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Address)                               |                |             |  |  |
| (Address)                               |                |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
| ,                                       |                |             |  |  |

Office Use Only



400333380354

09/03/19-+01038--026 \*\*25.00



Y SULKER SEP 13 2019

## COVER LETTER

| TO: Registration Section Division of Corporations  | •   |  |  |  |
|--|---|--|--|--|
| SUBJECT: <u>AIM (DM S</u>  | Heel, LLC<br>Jame 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:   |  |  |  |
| Hiram Mar<br>Name of Person  | WS  |  |  |  |
| aim con ste  | re!   |  |  |  |
| Firm/Company   |   |  |  |  |
| 14480 NW 26 Address  | are   |  |  |  |
| Opa-locka, FL<br>City/State and Zip Code   | 330 <b>5</b> 4  |  |  |  |
| E-mail address: (to be used for future   | annual report notification)   |  |  |  |
| For further information concerning this mate   | ter, please call:   |  |  |  |
| Hilam Marcos at (786) 942-7377  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:  |   |  |  |  |
| 2 \$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 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. N                              | ame of the limited liability company:  | con.  | steel  |
|-----------------------------------|--|---|--|
|                                   |  | (b)   |  |
| 2. (a)                            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (0).  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|                                   | Dpa-locka, FL 3305   |   |  |
|                                   | 01/14/13   | _   | L13000008428   |
| 3.                                | Date of filing/registration in Florida   | 4.  | Document number  |
| 5. (a)                            | Registered Agent and Registered Office shown on the records of t   |   | <del></del>  |
|                                   | Registered Agent and Registered Office Address (MUST BE FLORIDA STREET A 1446) NW 26 ave Per Per Per Per Per Per Per Per Per Pe  | ADDRESS)  |  |
| (b)                               | CATONIO I I I I I I I I I I I I I I I I I I  |   | 701  |
|                                   | Enter name of NEW Registered Agent and/or NEW Registered  History Manuel  Hist | Office addr   | ress:  |
|                                   | NEW Registered Office Address: 14480 NW 26 ave   |   | 三  |
|                                   | <u>000-10040</u> , FL  | 33  | 054 Sm 8   |
| the cha<br>agent was/w<br>the art | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the member or authorized representative of a member  | the registe<br>ability con<br>of the limit            | tered office and the business office of the registered<br>mpany, it is hereby confirmed that the change(s)<br>ited liability company or as otherwise provided in   |
| provisi<br>the obi<br>to mer      | by accept the appointment as registered agent and agri<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>d in writingjoffthis change.   | ee to act in<br>performand<br>for in Ch<br>hereby con | in this capacity. I further agree to comply with the<br>ince of my duties, and I am familiar with and accept<br>hapter 605, F.S. Or, if this document is being filed<br>infirm that the limited liability company has been |

Signature of Registered Agent