## L150001477235

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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## COVER LETTER

TO: Registration Section Division of Corporations		
The Bindel LLC SUBJECT:		
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Brett Cofman		
Name of Person		
The Bindel LLC		
Firm/Company		
1200 West Avenue Unit 1104	TALLAHASSE	
Address	and the second s	
Miami Beach, FL 33139		
City/State and Zip Code		
thebindel@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ase call:	
Brett Cofman	636 751-8080	
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 am	iount:	
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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:

l. Name of the l	imited liability company: The Bindel I	rrc
2. (a) 1200 We	st Avenue Unit 1104	(b) 1200 West Avenue Unit 1104
	cipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Miami E	Beach, FL 33139	Miami Beach, FL 33139
5. D	are of filing/registration in Florida	L15000147725  4. Document number
	gent and Registered Office shown on the records	of the Florida Dept. of State:
Registered (	office Address (MUST BE FLORIDA STREE)  est Avenue Unit 829	Unit 829 Miani Beach, FL 33139
Miami B	Beach	
Enter name	of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> ofman	
<u>NEW</u> Regis	stered Office Address:	
1200 W	est Avenue Unit 1104	ASSEE.
Miami E	Beach ,	FL 23139 FL
the change or cha agent will be iden was/were authori:	nges are made, the Florida street address itical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided in
Signature of a need	ber or authorized representative of a member	Printed or typed name of signee
I hereby accept to provisions of all states	statutes relative to the proper and comple I my position as registered agent as provi a change in the registered office address.	agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and accep ided for in Chapter 605, F.S. Or, if this document is being filed to I hereby confirm that the limited liability company has been
Signature of Registe	red Agent	