L15000d69137

(Requestor's Name)						
(Addre	ess)					
(Address)						
(City/S	tate/7in/Phon	e #\				
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Busin	ess Entity Nar	me)				
(Docu	ment Number)	<u> </u>				
(2000)		•				
0-46-40	o viei i					
Certified Copies Certificates of Status						
Special Instructions to Fili	ng Officer:					
1						





800313078228

05/10/18--01019--029 **25.00

2018 MAY 10 PM 3: 5
SECRETARY DE STATE
ALLAMASSY DE STATE

COVER LETTER

PO: Registration Section Division of Corporations							
SUBJECT: Americas International Realty 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:							
Ractica ZiVIC Name of Person							
Pronericas Brokers Firm/Company							
7601 E. TREasure Drive Apt 811 Address							
North Bay Village, FL 33141 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Radica 21V(C at (305) 720 9486 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:							

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 tortua.					
Name of the limited liability company:	Amen	icas Iv	-lervation	a Real:	ty Lic
2. (a) 407 Lincoln Ra Principal office address of limited liabilit (Note: MUST BE STREET ADDITION OF THE STREET	y company:	(b)	Mailing address of lim	-	
Miani Beach Fl	33130	<u> </u>			
3. Date of filing/registration in Flo	orida	4.	Document number		
5. (a) <u>Jessie Tornes</u> Registered Agent and Registered Office shown of		e Florida Dept. of	State:		
Registered Office Address (MUST BE FLOR	<u>RIDA STREET AL</u>	DRESS)		310 3010	
Miani Beach Miani Beach	-		AHASSE 	BECKE IART	FIL
(b) Redica Zil Enter name of NEW Registered Agent and/or N		office address:	ASSEE, FLORIDA	PH 3:	ED
PEW Registered Office Address:	wore	Drive		Cr #	
113 49 4					
North Bay Villa	0				
If the limited liability company is not organized the change or changes are made, the Florida stre agent will be identical. Or, in the case of a Flor was/were authorized by an affirmative vote of the articles of organization or the operating agree.	eet address of the ida limited liab he members of	ne registered of ility company, the limited liab	fice and the business it is hereby confirmed ility company or as or	office of the d that the ch	registered
Signature of a member of authorized representative of a	member	(2	Cachica > Printed or typed nam	ne of signee	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a the obligations of my position as registered age to merely reflect a change in the registered office notified in writing of this change.	igent and agree ind complete po nt as provided j ce address, I he	e to act in this a erformance of i for in Chapter of reby confirm th	capacity. I further ag ny duties, and I am fa 605, F.S. Or, if this d aat the limited liability	ree to compl miliar with locument is y company f	ly with the and accept being filed as been

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

Signature of Registered Agent