

L160000 64848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

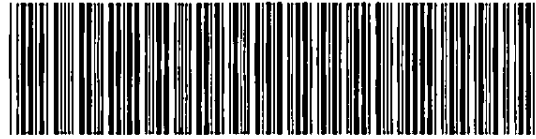
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRAILERS Z18, 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:

DANIEL BENSIMON

\_\_\_\_\_  
Name of Person

DOROT & BENSIMON, PL

\_\_\_\_\_  
Firm/Company

20295 29TH PLACE, SUITE 201

\_\_\_\_\_  
Address

AVENTURA, FLORIDA 33180

\_\_\_\_\_  
City/State and Zip Code

CORPORATE@DORBENCO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BENSIMON

\_\_\_\_\_  
Name of Person

at ( 561 ) 218-4947

\_\_\_\_\_  
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:**

\$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. Name of the limited liability company: TRAILERS Z18, LLC

2. (a) 15801 BISCAYNE BLVD (b) 20295 NE 29TH PLACE  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

SUITE 203 SUITE 201  
NORTH MIAMI BEACH, FL 33160 AVENTURA, FL 33180

MARCH 31, 2016 L16000064848

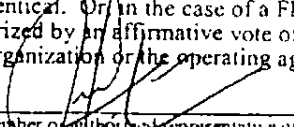
3. Date of filing/registration in Florida 4. Document number

5. (a) SERBER & ASSOCIATES, P.A.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2875 NE 191 STREET  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 801  
AVENTURA, FL 33180

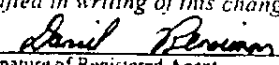
(b) DORBEN CORPORATE SERVICES, LLC  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
20295 NE 29TH PLACE  
**NEW Registered Office Address:**  
SUITE 201  
AVENTURA, FL 33180

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 MARCO ZEITOUNE  
 Signature of a member or authorized representative of a member Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent