

L18000142315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

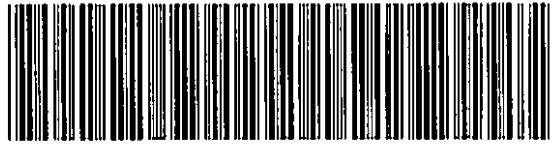
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salvaje Miami, 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:

Seth Z. Joseph  
Name of Person

Seth Z. Joseph, P.A.  
Firm/Company

255 Alhambra Circle, Suite 600  
Address

Coral Gables, FL 33134  
City/State and Zip Code

sjoseph@josephlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Z. Joseph at (305) 445-5383  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Salvaje Miami, LLC

2. (a) <u>3401 NE 1 AVE</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>UNIT CU-2</u> <u>Miami, FL 33137</u>	(b) <u>3401 NE 1 AVE</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>UNIT CU-2</u> <u>Miami, FL 33137</u>
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3. <u>6/8/2018</u> Date of filing/registration in Florida	4. <u>L18000142315</u> Document number
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5. (a) INCORP SERVICE INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
17888 67TH COURT NORTH  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

LOXAHATCHEE, FL 33470

(b) Seth Z. Joseph  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

255 Alhambra Circle  
NEW Registered Office Address:  
Suite 600  
Coral Gables, FL 33134

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 SECRETARY OF STATE  
 TALLAHASSEE, FL 32311

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.

*ALICIA*

July 22, 2021

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

*Seth Z. Joseph*  
 Signature of Registered Agent