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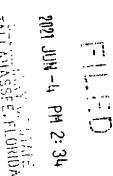
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Hadicas) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| Sol Developers LLC SUBJECT: | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning t | his matter to the following: | | | | |
| Alexander Kruger-Dobiota | | | | | |
| Name of Person | | | | | |
| Sol Developers LLC | | | | | |
| Firm/Company | | | | | |
| 1717 N Bayshore Dr A-1948 | | | | | |
| Address | · | | | | |
| Miami, FL 33132 | | | | | |
| City/State and Zip Code | ······································ | | | | |
| milena@soldevelop.com | | | | | |
| E-mail address: (to be used for future an | nual report notification) | | | | |
| For further information concerning this matter | r, please call: | | | | |
| Alexander Kruger-Dobrota | 305 570-8896 at () | | | | |
| 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 | g 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.

| 2. (a) | 1717 N Bayshore Dr A-1948 | (b) | 1717 N Bayshore Dr A-1948 |
|-------------------------------------|--|--|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Miami, FL 33132 | | Miami, FL 33132 |
| | 05/28/2020 | 1. | .20000145306 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Alexander Kruger-Dobrota | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | of the Florida I | Dept. of State: |
| | 1420 Bay Rd | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | 2021 |
| | Miami Beach, F | L | ZIZI JUN -4 TALLAHASSIL |
| (b) | Alexander Kruger-Dobrota | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office addr | ress: 6 2 5 |
| | 1717 N Bayshore Dr A-1948 | | ress: |
| | NEW Registered Office Address: | - | |
| | Miami, F | 1. 33132 | |
| nange gent w as/we e artic | mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registered iability com of the limite | office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in |
| Al | lex Kruger Dobrota ure of a member or authorized representative of a member | Alexan | nder Kruger-Dobrota |
| Signati | ure of a member or authorized representative of a member | - | Printed or typed name of signee |
| ie obli mere | y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change. | ree to act in performand d for in Che hereby conf | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |

Alex Kruger Dobrota
Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00