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COVER LETTER

TO: Registration Section Division of Corporations	·							
SUBJECT: Amigo M6/	e 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:								
BURTON LANDAN, ESO. Name of Person South Florida Law, T	PLLC							
Firm/Company								
1920 E. Hallandle BCL Blud Suite #503 Address								
Hallandale Beach, FL 33 City/State and Zip Code	3009							
BURTON G South Florid & CAW PLLC. Com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
BUTZTON LANDAU Name of Person	at (954) 900- FFF 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 & 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

Name o	f the limited liability company: AMIGO	MG	A L	LC	1 1711	
2. (a) 2 1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1B (b)	PC	Aailing address of		
<u>C</u>	legrunter, FL 33765		Cle	grwater	,FL	3758
	5 / 19 / Z009 Date of filing/registration in Florida	 	Moo	OCCUMENT NUI		
5. (a) Regis	Sof, Ala T. Stered Agent and Registered Office shown on the records of Cleveland STreet Stered Office Address (MUST BE FLORIDA STREET)	the Florida 1			noei	
Enter G NEW	earlister, Flouriton Lawau, ESQ. name of NEW Registered Agent and/or NEW Registered W Registered Office Address: Whether the	l Office add		HASSEE FLORIDA	2016 MAR 30 P 2: 00	
	11 - /	. 330	005		<u></u>	
the change o agent will be was/were au the articles o	d liability company is not organized under the last changes are made, the Florida street address of a identical. Or, in the case of a Florida limited list thorized by an affirmative vote of the members of deganization or the operating agreement of the member or authorized representative of a member	f the regist ability cor of the limi	ered office npany, it is ted liability ability com	e and the busing hereby confirer company or a	ess office of med that that that of the second seco	of the registered ne change(s) e provided in
I hereby acc	cept the appointment as registered agent and ag f all statutes relative to the proper and complete ons of my position as registered agent as provide flect a change in the registered office address, I	ree to act i performa ed for in Ci hereby co	in this can	acity I further	agree to c	comply with the

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

Signature of Registered Agent