2/200059290

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
OCT 3 0 2013				
A. LUNT				

Office Use Only



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and the second



COVER LETTER

property to		•	•
TO: Registration Division of C		•	, .
SUBJECT:	1075 NE 79 ⁺¹ 5 Name of Limited	Heel LLC Liability Company	
Dear Sir or Madam:			
The enclosed Registe	ered Agent/Registered Office C	hange and fee(s) are submitted	for filing.
Please return all corr	respondence concerning this ma	tter to the following:	
		J	
MR. Nicol	S Brochorie Name of Person		72 ee
1075 NE ;	79th Street, LLC		ZEIB OCT 28 I
270 NE 6	1 Street Address	 :	
miami, Fl	33137 ity/State and Zip Code		
NBPOCHANIE E-mail address: (to b	Danil Com e used for future annual report notification))	
For further informati	on concerning this matter, plea	se call:	
MR. WICOGO	<u>S Bracherie</u> at (RIS 753. 1119 Area Code & Daytime Telephon	ne Number
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amo	unt;	
□ \$25 Filing	Fee	☐ \$55 Filing Fee & Certified	Сору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

7 a .	1 .01 .1 . 1 . 1 .
1. Name of the limited liability company: 29/ 1	t 61st Street, UC
 (a) Principal office address of limited liability comparts (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: <u>170 Nt 61st Street</u> <u>miami, H 33137</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	270 Nt 61st Street MIAMI, FL 33137
05.02.2012	L120110059290
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept of State:
Registered Agent:	Eric J Grabus - 12
Registered Office Address:	HOT LINCOLN KN
(b) Enter name of NEW Registered Agent and/or N	FW Peristered Office address:
NEW Registered Agent:	Mr. Nicolas Brocherie
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	270 NE 615+ miami, H
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signature of a member of authorized representative of a member	
MICOLOS BIUCHORU Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties of the parties of the confirm that the similed liability company is address, I hereby confirm that the similed liability company.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent