L13000012807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

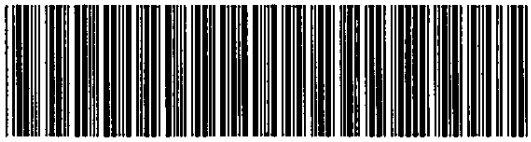
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** 9612 GINGER CT 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:

NINOSKA MARCUCCI
Name of Person

Firm/Company

400 GARLENDA AVE
Address

CORAL GABLES, FL 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

NINOSKA MARCUCCI at (786) 260-8363
Name of Person — 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, 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: 9612 GINGER CT LLC

2. (a) Principal office address of limited liability company: 9612 GINGER CT PARKLAND, FL 33076
(***Note: MUST BE STREET ADDRESS***)

(b) Mailing address of limited liability company: 400 GARLENDA AVE CORAL GABLES, FL 33146
(***Note: MAY BE POST OFFICE BOX***)

01/24/2013
3. Date of filing/registration in Florida

L13000012807
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: OSWALDO GUERRA

Registered Office Address: 1051 CEDAR FALLS DR WESTON, FL 33327

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: NINOSKA MARCUCCI

**NEW** Registered Office Address: 400 GARLENDA AVE CORAL GABLES, FL 33146
***(MUST BE FLORIDA STREET ADDRESS)***

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.

Signature of a member or authorized representative of a member

ROBERTO GHARIBE
Printed or typed name of signee

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2014 MAR -7 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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

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

INHS18 (12/13)