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COVER LETTER

TO:	Registration Section Division of Corporations	
	<u>_</u>	

SUBJECT: 1516 Ponce 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:

Rogerio De Laurenzio
Name of Person

1516 Ponce LLC
Firm/Company

355 Alhambra Circle #1550

Coral Gables, FL 33134

<u>AFVENICE @ gmail.</u> com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rogerio De Laurenzio at (786) 233-8368

Name of Person at (786) 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

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.

1.	Name of the limited liability company: 1516 Ponce LLC
2. (a) DLA Piper (b) DLA Piper
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2000 2000 2000 2000 2000 2000 2000
	Miami, FL 33131 Miami, FE 33131
	09/04/2015 15000149280
3.	Date of filing/registration in Florida 4. Document number
5.	(a) NRAT Services, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	, 1200 S Pine Island Rd
+	/
	Plantation ,FL 33324 b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Property De Cruxen 310
	Size - Tr
(Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Rogerio De Laurenzio
	NEW Registered Office Address:
	355 Alhambra Circle +1550
	Coral Gables .FL 33134
the age was	the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered in the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.
ď	gnature of a member de diffiorized representative of a member Rogerio be Lowrenzio Printed or typed name of signee
I he pro the to n noti	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed acrely reflect a change in the registered office address, I hereby confirm that the limited liability company has been fied in writing of this affaight.
X Sign	nature of Registered Agent