L1500003184

(Requestor's Name)				
(Address)				
(Address)				
City (Chata Tin (Tibana 16)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(======================================				
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
BJECT: MARE NOSTRUM PROPERTIES, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerni	ng this matter to the following:			
Maria Lorena Zucco	olillo			
Name of Person				
Firm/Company				
230 Ocean Blvd				
Address	· · · · · · · · · · · · · · · · · · ·			
Golden Beach, Fl 3	33160			
City/State and Zip Co	ode			
zuccolillo.lorena E-mail address: (to be used for futur	e annual report notification)			
For further information concerning this m	atter, please call:			
Lorena Zuccolillo Name of Person	at (305) 331-8354 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: 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 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.	Na	me of the limited liability company: MARE NOSTRUM PROPERTIE	ES, LLC
2.	(a)	230 Ocean Blvd, Golden Bch, Fl 33160 (b) same Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		O1/07/2015 Date of filing/registration in Florida 4.	5000003184 Document number
5.	(a)	GY CORPORATE SERVICES, INC	
	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 600 Brickell Avenue Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 3500	17 APR 26 P
		Miami, Fl 33131 ,FL	72
	(b)	Lorena Zuccolillo Enter name of NEW Registered Agent and/or NEW Registered Office address: 230 Ocean Blvd NEW Registered Office Address: Golden Beach, Fl 33160	
the age wa	e cha ent v is/we	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is there authorized by an affirmative vote of the members of the limited liability color of organization or the operating agreement of the limited liability company.	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Signat	Lor ture of a member or authorized representative of a member	rena Zuccolillo Printed or typed name of signee
III pro the to no	herel ovisi e obl mere tified	by accept the appointment as registered agent and agree to act in this cape on a first of all statutes relative to the proper and complete performance of my consistence of my position as registered agent as provided for in Chapter 605 bely reflect a change in the registered office address, I hereby confirm that it is in writing of this change.	
	//		

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