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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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COVER LETTER

TO: Registration Section Division of Corporations					
Dividen of Corporation					
SUBJECT: 7421 Collins Ave Investment					
Nan	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Julie Medina					
Name of Person					
Claro Development Solutions, Inc.					
Firm/Company	 				
1035 North Miami Ave, #201					
Address					
Miami, FL 33136					
City/State and Zip Code					
julie@clarocorp.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
r B. Ma. Jan.	at (305 .) 324.4700				
Julie Medina Name of Person	Area Code & Daytime Telephone Number				
	MALLING ARRESC.				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
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.

I. Na	me of the limited liability company: 7421 Collins A	ve Inve	estm	ent, LL	C	<u> </u>
2. (a)			b)			
- . (, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited li (Note: MAY BE POST (
	1035 North Miami Ave, Suite 201	_	_	1035 1	North Miami Ave, Su	ite 201
	Miami, FL 33136		_	Mian	ni, FL 33136	
	09.17.15			L15	5000158602	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Reinhard, Sanford N. ESQ				_	
J. (#)	Registered Agent and Registered Office shown on the records of t	he Floric	la Dep	ot, of Stat	e :	
	Reinhard, Sanford N. ESQ				- \$	20
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRES</u>	<u>S)</u>		, ,	電量で
	1290 Weston Road, Suite 201		_		_	2017 NOV 16 SECRETARY
	Weston, FL	333	26		_	
(b)	Julie Medina					FIG
. (0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddres	<u>s</u> :		PR N: 17
	Claro Development Solutions, Inc.				_	""
	NEW Registered Office Address:	<u> </u>				
	1035 North Miami Ave, Suite 201					
	Miami , FL	3	3136	5	_	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the regability of the limited	isten comp mitec l liab	ed offic any, it i I liabilit ility cor	e and the business offices is hereby confirmed that the company or as other	ce of the registered at the change(s) wise provided in
provisi the obl to mer	by accept the appointment as registered agent and agr ionnof all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I t it in writing of this change.	ree to ac perfori d for in hereby	ct in nanc Cha confi	this cap e of my pter 60. rm that	oacity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been

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

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Signature of Registered Agent