

L17000259926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

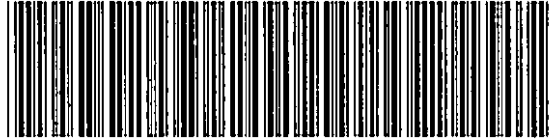
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 02 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVILES & LASAGA ASSOCIATES, 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:

ANDRES LASAGA  
Name of Person

AVILES & LASAGA ASSOCIATES, LLC  
Firm/Company

9754 NAPOLI WOODS LN  
Address

DELRAY BEACH, FL 33446  
City/State and Zip Code

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

For further information concerning this matter, please call:

ANDRES LASAGA at ( 561 ) 631-5244  
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 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: AVILES & LASAGA ASSOCIATES, LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

9754 NAPOLI WOODS LN

DELRAY BEACH, FL 33446

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

9754 NAPOLI WOODS LN

DELRAY BEACH, FL 33446

12/21/2017

L17000259926

3. Date of filing/registration in Florida

4. Document number

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

RE-MMAP INC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4500 BELVEDERE RD STE A3

WEST PALM BEACH, FL 33415

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

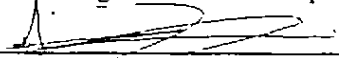
ANDRES LASAGA

**NEW** Registered Office Address:

9754 NAPOLI WOODS LN

DELRAY BEACH, FL 33446

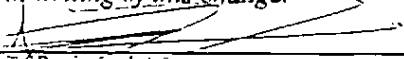
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

ANDRES LASAGA

Printed or typed name of signee

*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**

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TALLAHASSEE, FLORIDA