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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
8801 Holdings, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ernesto S. Delgado	
Name of Person	
8801 Holdings, LLC	
Firm/Company	
7665 SW 88 Ct	
Address	
Miami, FL 33173	
City/State and Zip Code	
ernie2366@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	lease call:
Ernesto S. Delgado	305 979-2468
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 a	mount:
2 \$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.

	ne of the limited liability company:	s, LLC			
a) 7	7665 SW 88 Ct., Miami, FL 33173	(1	_(b) 7665 SW 88 Ct., Miami, FL 33173		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
,		_			
-	6/3/2011	-	L11000	065605	
	Date of filing/registration in Florida	4.		Document number	
a) _	Arazoza & Fernandez-Fraga, P.A.				
	Registered Agent and Registered Office shown on the records of the	he Florida	a Dept. of St	tate:	
	2100 Salzedo St				
	Registered Office Address (MUST BE FLORIDA STREET A				
	Suite 300				
	Coral Gables	33134			
	, FL_			- 1AI SE	
) <u>E</u>	Ernesto S. Delgado			CL CREE	
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	FIL JUL -6 CRETARY LLAHASS	
	7665 SW 88 Ct				
				E P	
-	NEW Registered Office Address:			ORI ORI	
				09 DA	
	Miami 5. 3	33173			
-	FL_			<u> </u>	
e lin	nited liability company is not organized under the law	s of the	State of I	Florida, it is hereby confirmed that after	
han t wi	ge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial	the regi bility co	stered offi omnany, it	ice and the business office of the register t is hereby confirmed that the change(s)	
wer	e authorized by an affirmative vote of the members of	f the lin	uted liabil	lity company or as otherwise provided in	
HIC	les of organization or the operating agreement of the l		iesto S. I	• •	
natu	re of a member of authorized representative of a member		16310 3. 1	Printed or typed name of signee	
ehy siò	l v accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a change in the registered office address, I h	vertorm	ance of m	ipacity. I further agree to comply with the values and Lam familiar with and acce	