

18000092960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

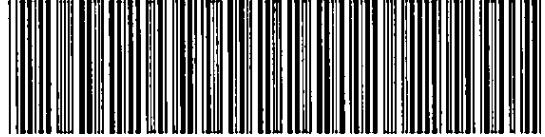
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300318400093

09/19/18--01009--005 \*\*25.00

FILED

18 SEP 19 AM 9:27

CLERK OF COURT  
TALLAHASSEE, FLORIDA

O. SIMMONS  
SEP 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delacroix, Molner and 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:

Pedro González

Name of Person

Delacroix, Molner and Associates, LLC

Firm/Company

1825 Ponce de Leon Boulevard, No. 269

Address

Coral Gables FL 33134-4418

City/State and Zip Code

editoralm@yahoo.com

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

For further information concerning this matter, please call:

Delacroix, Molner and Associates, LLC at ( 786 ) 766-9170  
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: Delacroix, Molner and Associates, LLC
2. (a) 1825 Ponce de Leon Boulevard, No. 269 (b) 1825 Ponce de Leon Boulevard, No. 269  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Coral Gables FL 33134-4418

Coral Gables FL 33134-4418

06/04/2018

L18000137248

3. Date of filing/registration in Florida 4. Document number

5. (a) Pedro Gonzalez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1825 Ponce de Leon Boulevard, No. 269

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Gables, FL 33114-6901

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

NEW Registered Office Address:

345 SW 10th Avenue

Miami, FL 33130-2108

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]  
Signature of a member or authorized representative of a member

Pedro Gonzalez

5/28/10, 2018  
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]  
Signature of Registered Agent