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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	FALCON IMMOBILIER LLC							
	Name of	Limited Liability Company						
Dear S	ir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please	return all correspondence concerning this ma	tter to the following:						
PAUL	O DE BASTOS							
Name of Person								
REGI	STERED AGENT SERVICES OF FLO	PRIDA LLC						
Firm/Company								
8551	W SUNRISE BLVD SUITE 100							
	Address	<del></del>						
PLAN	ITATION, FL 33322							
	City/State and Zip Code							
admir	n@hodeba.com							
E-mail address: (to be used for future annual report notification)								
For fur	ther information concerning this matter, pleas	se call:						
PAUL	O DE BASTOS	954 4520030						
	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. N	ame of the limited liability company: FALCON IM	IMOBI	LIER LLC					
2. (a)	44 WEST FLAGLER ST STE 2300		(b) 44 WEST FLAGLER ST STE 2300					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MIAMI, FL 33130	_	MIAMI,	, FL 33130				
	10/12/2011			116574				
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida	— 4.		Document nur	nber	-		
	EXCO US ATRIUM							
	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of St	ate:				
	44 WEST FLAGLER ST STE 2300							
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)	_				
(b)	MIAMI F	331:	30	 :	Ž2	201		
	REGISTERED AGENT SERVICES OF FLORIDA LLC				 -:- -:-	2019 AFR		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<del>_</del>	•	: :		
	8551 WEST SUNRISE BLVD SUITE 100				-			
	NEW Registered Office Address:	_	_	_	Ξ.	: 05		
	PLANTATION	3332	22	<del></del>				
ine cha agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the re lability of the e limite	he State of F gistered offic company, it imited liabili d liability co	ce and the busing is hereby confirmity company or a	ess off ned the s other	fice of that the priving property of the prope	the registered	

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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized presentative of a member