## 1.100000000991

(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



200331557462

07/15/19--01034--006 \*\*175.00

Y SULKER JUL 23 1019

## **COVER LETTER**

TO: Registration Section Division of Corporations Adrian Developers of De La Fuente Parcel LLC **SUBJECT:** 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: Maria J. Cervantes Name of Person SMGQ LAW Firm/Company 201 Alhambra Circle, Suite 1205 Address Coral Gables, FL 33134 City/State and Zip Code mcervantes@smgqlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roland Sanchez-Medina 305 377-1000 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section 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.

Na	ame of the limited liability company:	pers of De	La Fuente Parcel LLC
(a)	13687 SW 26 St.	(b)	Same
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Miami, FL 33175		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	04/15/2013		L10000000991
	Date of filing/registration in Florida	4.	Document number
(a)	Olga Adrian		
( )	Registered Agent and Registered Office shown on the records of t	he Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	
	13687 SW 26 ST.		
	Miami FL	33175	• • • • • • • • • • • • • • • • • • • •
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	:
	Registered Corporate Services LLC		ε
	NEW Registered Office Address:	_	<del></del>
	201 Alhambra Circle, Suite 1205		
	Coral Gables	33134	
	با ۱ ا	<u>- ,</u>	-
ie li cha	imited liability company is not organized under the lav unge or changes are made, the Florida street address of	vs of the State the registered	e of Florida, it is hereby confirmed that after d office and the business office of the registe
nt/	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility compa	my, it is hereby confirmed that the change(s)
J.	ofes of pregnization or the operating agreement of the	limited liabil	lity company.
	WWW WWW	_ Pa	Printed or typed name of signer
_	ture of a member of authorized representative of a member		
erei visi obl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charge in the registered office address, I have	ee to act in the performance I for in Chap	his capacity. I further agree to comply with to of my duties, and I am Jamiliar with and acc ter 605, F.S. Or, if this document is being fu
nere ifiee	d'in writingfol fingchange.	tereny conjur	m inai ine timitea tiavittiy company nas veer.