

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000033588

Entity Name: MIAMI INTERCHANGE LLC**Current Principal Place of Business:**1801 COLLINS AVE APT 3504
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**1801 COLLINS AVE APT 3504
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 27-2578157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCOVICI, NICOLAS A
1801 COLLINS AVE APT 3504
SUNNY ISLES BEACH, FL 33160 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NICOLAS A MARCOVICI

05/28/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	MARCOVICI, NICOLAS
Address	1801 COLLINS AVE APT 3504
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARCOVICI, MAZUCA
Address	1801 COLLINS AVE APT 3504
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARCOVICI, ALAIN
Address	1801 COLLINS AVE APT 3504
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARCOVICI, ANDREA
Address	1801 COLLINS AVE APT 3504
City-State-Zip:	SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLAS A MARCOVICI

MGRM

05/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date