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.

MANAGER

SIGNATURE: ARBELO, ENELSON

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 1425 SW 122 AVENUE 7 LLC

## Current Principal Place of Business:

1425 SW 122 AVE APT 7 MIAMI, FL 33184

## **Current Mailing Address:**

15662 SW 20 WAY MIAMI, FL 33185 US

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

ARBELO, ENELSON 15662 SW 20 WAY MIAMI, FL 33185 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: ARBELO, ENELSON

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleAMBRNameARBELO, ENELSONAddress15662 SW 20 WAYCity-State-Zip:MIAMI FL 33185

Secretary of State CC4535836046

Certificate of Status Desired: No

04/24/2017

Date

04/24/2017 Date

# FILED Apr 24, 2017 Secretary of State CC4535836046