

A99000000 1778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

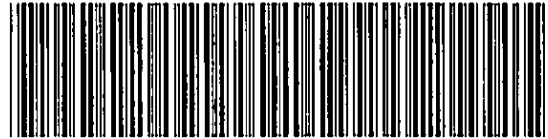
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

3/26/19 DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SF ENTERPRISES OF MIAMI, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001778

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CARLOS M. SOLARES
Contact Person
SF ENTERPRISES OF MIAMI, LTD
Firm/Company
12780 SW 122 AVE , STE # 200
Address
MIAMI FLORIDA 33186
City, State and Zip Code
CMSOLARES@YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS M. SOLARES at (305) 253-0650
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SF ENTERPRISES OF MIAMI ,LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/19/2005

Date of filing/registration in Florida

3. A99000001778

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BLUM , SAMUEL S , ESQ

Name

2666 TIGERTAIL AVENUE , SUITE 106

Address

COCONUT GROVE ,FLORIDA 33133

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CARLOS M. SOLARES

Name

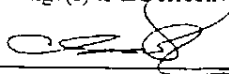
12780 SW 122 AVE , STE # 200

Florida street address (P.O. Box not acceptable)

MIAMI FL 33186

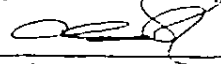
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

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.



Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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