

W020000017579

Alos + Associates, P.A.
(Requestor's Name)

10271 SW 72 Street
(Address)

Suite 102
(Address)

Miami, FL 33173
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/29 P/A change

W020000017579

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09/29/03--01045--021 **25.00

MJH

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03 SEP 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, 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.

MIAMI, FLORIDA 33173

LO2000017579

4. Document number

CORPORATE CREATIONS

941 FOURTH STREET

MIAMI BEACH, FL 33139

City, State and Zip

MARTHA VIAS

10271 SW 72 STREET #102

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33173

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

MARTHA VIAS

(Printed or typed name of signee)

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 608, 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.

(Signature of Registered Agent)

INHS18(10/99)

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA