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ME DET 1825	STRATEGIUM, LIC 18622 SW 49th St Miramar, FL 3302
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAI
(Bu	siness Entity Name)
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SECRETATY OF STATE
SECRETATION OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. The name of the limite	d liability company is:	Strategiu	ım, LLC				<u> </u>
2. The mailing address of	the limited liability cor	npany is :	1111 B	rickell Bay	Drive Suit	e 810	
Miami, FL 33131	<u> </u>	·-		<u> </u>	tari.	<u> </u>	
March 21, 2003			L030	00010301	÷ .*		<u>م</u> ي د د
3. Date of filing/registration	ion in Florida		4. Doc	ument numb	per		
5. The name of the register Florida Department of S	rred agent and the regist State: AnaMaria Rivera	ered office	address	as shown on	the record	s of th	e
		Name rive Suite	810	<u></u>			•
-	Miami, FL 33131	Address		· ·			
	• •	State and Z	•				
6. The name and address of	of the new registered ag	ent and/or	office:		SEC	03	
	AnaMaria Rivera			· 	至流	TD.	71
	18622 SW 49th Stre	lame et			NA NA	င်္	
	Florida street address	(P.O. Box	NOT ac	ceptable)	m C I	2	
	Miramar,	FL 3302	9		FLORIDA	ά	
	City, St	ate and Zip)		Sm.	00	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited the operating agreement of Signature of a member of authority (Signature of a member of a member of a member of authority (Signature of a member of authority (Signature of a member of a member of authority (Signature of a member of a member of a member of authority (Signature of a member of a m	nange or changes are ma the registered agent will be confirmed that the d liability company or a f the limited liability co	ide, the Flo I be identic change(s) v s otherwise mpany.	ws of the orida stre cal. Or, i was/were provide	e State of Flo et address of in the case of authorized ed in the artic	orida, it is h f the registe f a Florida by an affirm cles of orga	ereby red of limited native mizati	fice d vote of on or
AnaMaria Rivera							
(Printed or typed name of signee)	· <u>··</u>			٠.	. ° - °₽		•
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)		ent and ag to the proj of my posi led to mero company	ree to ac per and c ilion as r ely reflec has beer	t in this capt complete per egistered ag it a change i notified in v	acity. I furn formance of the desproy n the regist writing of the	ther as if my b vided f ered c his cha	gree to luties, or in office inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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