L03000014570

(Requestor's Name)						
	_					
(Address)						
(Address)						
(C)+ (C)++ (7)+ (D)+++++(4)	_					
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)	_					
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
	1					
	l					
	╝					





500201081195

THE CEIVED

11 APR 18 PH 1:52

OF THE PROPERTIONS

OF THE PROPERTIONS

OF THE PROPERTY OF STATE OF THE PROPERTY OF THE PROPERT

B. KOHR

APR 1 8 2011

EXAMINER

FILED STATE SECRETARY OF STATE CORPORATION OF CORPORATION 21



ACCOUNT NO. : I2000000195						
REFERENCE : 620568 7810608						
AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ORDER DATE: December 22, 2010 ORDER TIME: 9:19 AM ORDER NO. : 620568 060						
ORDER TIME: 9:19 AM						
ORDER NO. : 620568-060						
CUSTOMER NO: 7810608						
CHANGE OF AGENT NAME: SOARES DA COSTA CS, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Jeanine Reynolds EXT# 2933 EXAMINER:						

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. Name of	f the limited liability company:	SOARES DA C	OSTA CS, LLC	<u> </u>
2. (a) Prin (<u>No</u>	cipal office address of limited lie ote: MUST BE STREET ADDI	RESS)	7270 NW 12th Street Suite 860 Miami, FL 33126	11 APR 18 PM 3: 21
(b) Mai (<u>Na</u>	ling address of limited liability of the context of	3 <i>OX</i>)	7270 NW 12th Street Suite 860 Miami, FL 33126	PA 3: 21
05/30/20	03		L03000019570	
3. Date of	filing/registration in Florida	4	. Document number	
5. (a) Reg	sistered Agent and Registered Of	fice shown on th	e records of the Florida Dept. of State	::
Reg	istered Agent:	-	Interamerican Corporate Service	s LLC
Reg	istered Office Address:		2525 Ponce De Leon Boulevard Suite 1225 Coral Gables, FL 33134	
(b) Ente	r name of <u>NEW Registered Ag</u>	ent and/or NEW	Registered Office address:	
<u>NEV</u>	W Registered Agent:		Corporation Service Company	
	<u>V</u> Registered Office Address: <i>IST BE FLORIDA STREET AL</i>	DDRESS)	1201 Hays Street Tallahassee ,FL 323	01
that after the office of the hereby conf liability con	e change or changes are made, the registered agent will be identical irmed that the change(s) was/we	ne Florida street and the case authorized by	ws of the State of Florida, it is hereby address of the registered office and the e of a Florida limited liability compan an affirmative vote of the members of organization or the operating agreeme	e business 1y, it is f the limited
(Signature of a r	member or authorized representative of a m	ember)		
	SMILUEL Faustine)		
I hereby accomply with am familiar F.S. Or, if to confirm that By:	cept the appointment as register. The provisions of all statutes rel	ative to the prop of my position a crely reflect a ch as been notified i	ree to act in this capacity. I further ag er and complete performance of my d s registered agent as provided for in C ange in the registered office address, in writing of this change.	uliae andi i

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00