

L030000020572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 NOV 21 AM 9:42

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 NOV 21 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

11/16/06 Miniam

Miniam Fundora

Requestor's Name

4033 SW 96 Avenue

Address

Miami FL 33165

City

State

Zip

Phone

(305) 559-8356

VALIDATION ONLY

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06 NOV 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Sellas Enterprises LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Statement of change
Other ☒ Registered Office
☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SELLAS ENTERPRISES LLC
(Name of Limited Liability Company)

FILED
06 NOV 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MIRIAM FUNDORA
(Name of Person)

FUNDORA PROFESSIONAL SERVICES CORP
(Firm/Company)

4033 SW 96 AVE
(Address)

MIAMI, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

MIRIAM FUNDORA at (305) 559-8356
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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 limited liability company is: SELLAS ENTERPRISES LLC.
2. The mailing address of the limited liability company is : 13534 SW 65TH LANE, MIAMI,
FLORIDA 33183

- 06/06/2003 L03000020572
3. Date of filing/registration in Florida 4. Document number

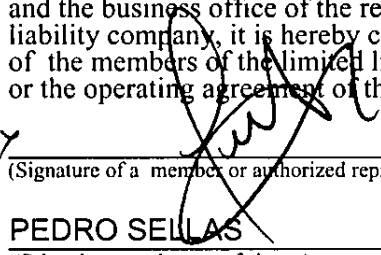
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ADOLFO J. SELLAS
Name
10001 WEST FLAGLER STREET
Address
MIAMI, FL 33174
City, State and Zip

6. The name and address of the new registered agent and/or office:

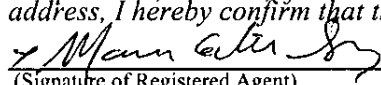
MARIA STELLA SUAREZ
Name
13534 SW 65TH LANE
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33183
City, State and Zip

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)

PEDRO SELLAS
(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)

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