

W4000024219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

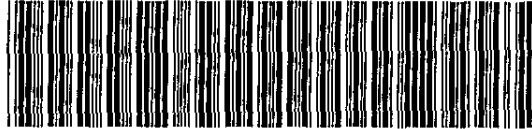
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Special Instructions to Filing Officer:

6/14 R/A Change

W4-24219

Office Use Only



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MADE

06/14/04 10:51:10

To: Florida Division of Corporations
From: COMRA Enterprises, LLC
Document: L04000024219
Date: 5/18/04
Subject: Correction of Address

Sir or Madam,

Please correct the address shown for our Corporate and mailing address as recorded on your official records.

INCORRECT ADDRESS:

17555 Collins Ave #2001-B
North Miami Beach, FL 33160

CORRECT ADDRESS:

**17555 Collins Ave #2007-B
Sunny Isles Beach, FL 33160**

Please call us at 305-665-3194 if you have any questions.

Very Truly Yours,



Dr Maria Comas
President – COMRA Enterprises, LLC

**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: COMRA ENTERPRISES, LLC
2. The mailing address of the limited liability company is : 17555 COLLINS AVE #2001-B
NORTH MIAMI BEACH FL 33160

03/31/2004

L04000024219

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:

RAMON SILVEIRA

Name

301 ALMEIRA AVE

Address

CORAL GABLES FL 33134

City, State and Zip

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

Xavier Viteri

Name

6721 SW 69 Terrace

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

South Miami, FL 33143

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)

Dr. Maria Comas

(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