

L04000037933

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN -3 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Research Institute of Miami, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eduardo Arechaga  
(Contact Person)

Laurel Wreath Investments, Inc.  
(Firm/Company)

94211 SW 32 St  
(Address)

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

For further information concerning this matter, please call:

Eduardo Arechaga at ( 305 ) 496-1787  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 the limited liability company: Advanced Research Institute of Miami, LLC

2. (a) Henry P. Noriega

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

27 N.E. 10<sup>th</sup> St

Homestead, FL 33030

05/11/2004

3. Date of filing/registration in Florida

(b) Eduardo Arechaga

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

27 N.E. 10<sup>th</sup> St

Homestead, FL 33030

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4. Document number

5. (a) Henry P. Noriega

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

27 N.E. 10 St.

Homestead, FL 33030

(b) Eduardo Arechaga

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

27 N.E. 10 St.

Homestead, FL 33030

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TALLAHASSEE, FLORIDA

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.

Eduardo Arechaga  
Signature of a member or authorized representative of a member

EDUARDO ARECHAGA

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 605, 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.

Eduardo Arechaga  
Signature of Registered Agent