## 20400054558

(Re	equestor's Name)			
(Åddress)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
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	COVER LETTER			
,	Registration Section Division of Corporations			
SUBJE	CT: Quinterd 7774 Ter Name of Limit	ruce Properties, LLC ed Liability Company		
Dear Si	or Madam:			
The end	losed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please n	Please return all correspondence concerning this matter to the following:			
<u> </u>	. Juan-Carlos Quir	Hero		
<u>Q</u> ı	Lintero 77TH Terrace	Properties, LLC		
57	12 SW 77TH Terrace			
_50	wth Miami, FL 33143 City/State and Zip Code			
dr	100 Guinten orthodontics. Com			
For furt	ber information concerning this matter, please call:			
Dr.	Juan-Carlos Quintero Name of Person	305 666 4642 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:			
	S25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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. Na	me of the limited liability company: Quintero 77TH7	errace Properties_LLC
2. (a)	5712 SW 77TH Terrace (1)	Same
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:
	South Miami FL	(Note: MAY BE POST OFFICE BOX)
	33143	
	3317.5	
	7/22/04 L	04000054558
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	RA Corporate Services	_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te;
	_ 9400 5. Dudeland Blvd #1000	~
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		- · · · · · · · · · · · · · · · · · · ·
	97 Lianu .FL 33156	- R
(L)	markowitz Ringel Trusty++	tartog, P.A. = = =
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	100109 17-14-11 5
	9130 S. Dadeland Blvd. #18 NEW Registered Office Address:	<u>0</u> 00
	Miami ,FL 33156-	<u>1858</u>
agent w was/we the artic	mited liability company is not organized under the laws of the State of F nge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liability coordinates of organization or the operating agreement of the limited liability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
the obli	iv accept the appointment as registered agent and agree to act in this cape in sof all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address. I hereby confirm that in writing of this change.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	Markey, Rugel, Trud, & Waster, P.	
	Division of Corporations • P.O. Box 6327 • Tallaha	ssce. FL 32314

FILING FEE: \$25.00