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(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BASORA INTEGRATED OPERATIONS, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning			
JORGE F. BASORA			
(Name of Person)			
BASORA INTEGRATED OPERATIONS, LLC			
(Firm/Company)			
6170 SW 156 COURT	**************************************		
(Address)			
MIAMI, FLORIDA 33193			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
JORGE BASORA	at (305) 905-4658		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ig 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 Stantes, 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: BASORA IN	ITEGRATED OPERATIONS. L	LC_
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	/: 6170 SW 156 COURT MIAMI, FLORIDA 33193-2814	
(b) Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	6170 SW 156 COURT MIAMI_ FL 33193-2814	
05/11/2005	L05000046865	··········
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	THE COMPANY CORPORATION	9
Registered Office Address:	2711 CENTERVILLE ROAD WILLMINGOTN, DE 19808	SECRET
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :		2 PM 2: 0
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6170 SW 156 COURT	7 .
	MIAMI FL 3319	3-2814
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the ase of a Florida limited liability compan by an affirmative vote of the members of	business v, it is the limited
(Signature of a member of authorized representative of a member)	-	
JORGE F. BASORA (Printed or typed name of signer)	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited hability company has been notified	gree to act in this capacity. I further ag oper and complete performance of my di as registered agent as provided for in C change in the registered office address, I I in writing of this change.	ree to ities, and I hapter 608, hereby

(Signature of Declinered Agent)