L05000073412

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600358071596

01/19/21--01014--012 **55.00

FEB 2 6 2021

S. YOUNG



COVER LETTER

	gistration Section vision of Corporations		
١.	•		
SUBJECT			
	N	ame of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to the	following:
Maria C Fer	mandez		
	Name of Person		
Sunny Isles	Associates, LLC		
	Firm/Company		
PO Box 403	3643		
	Address		
Miami Beac	ch, FL 33140		
	City/State and Zip Code	2	
mmeruelo@	gaol.com		
E-ma	il address: (to be used for future a	innual report noti	fication)
For further	information concerning this matt	er, please call:	
Maria C Fer	mandez	305 at (318-8110
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the followi	ing amount:	
٥	\$25 Filing Fee		\$55 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	ame of the limited liability company:	iates, L	LC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	•	Mailing address of Note: MAY I	DE POST O	ability con OFFICE I 43	mpany:
	07/26/2005		L050000	73412	/		
3. 5. (a)	Date of filing/registration in Florida Maria C Fernandez	4.		Document nu	ımber		
(b)	Registered Office Address 6515 Collins Ave. #809 Miami Beach, FL Enter name of NEW Registered Agent and/or NEW Registered	33141				2021 JAN 19 PH 6:	The second of th
	NEW Registered Office Address: 3939 NW 7 St. #202			_	77	22	
	Miami, FL , FL	33126					
change agent was/w the art Signal I here provise the obtomer notifie	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the sture of a member or authorized representative of a member oby accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the complete of the statutes of the statutes.	registe ability of the li limited M eee to a perfor d for in	ered office company, mited liab I liability of aria C Fern ct in this commance of in Chapter (and the business it is hereby confi ility company or company. andez Printed or type rapacity. I furthe ny duties, and I a	office of irmed that as otherw d name of s er agree te im familia his docum	the reginate the character in the character in the character in the complexity with a contracter in the character in the char	istered unge(s) vided in w with the und accept eing filed

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