20600000 8438

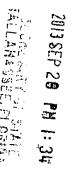
(Red	questor's Name)	
(Address)		
(Add	dress)	
(10.	uroooy	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(- · · · - · · · · · · · · · · · · · · ·	,
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
SEP 25 2013		
	A. LI	UNT

Office Use Only



900251441649

09/20/13--01004--004 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LIA	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Bianca M. Velez Name of Person LTA, LLC Firm/Company	
A351 Douglas Road Address Miami, Fr. 33145 City/State and Zip Code	
E-mail address: (to be used for future annual	cuil. LON report notification)
Bianca M. VUCZ Name of Person	at (786) 271 - 2148 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	llowing 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 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 lightlity commonly	LLC
1. Name of the fillined flability company.	0011 15 11 0011
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	Homemad, FL 33033
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11264 NW 68 TESTALL DOM, PL 33178
01/25/2006	L0600000 8438
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	BIANCA M. VUICZ
Registered Office Address:	11204 NW 68 TURFACE -
	101W, PL 32118 = TO
(b) Enter name of NEW Registered Agent and/or NEW	の
	BIANCA M. VELEZ -
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2351 DOUGIOU RUTON THEOB
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Signature of a member of authorized representative of a member	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of I am familiar with and accept the obligations of my porture to the first comment is being filed to me address, I perety confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered/Agent	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

max