(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
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EXAMINER



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COVER LETTER

~ <u>~</u>						
TO:	Registration Section Division of Corporations					
SUBJI	ECT:	MIAMI	EDS,	LLC		
			(Name of Lim	ited 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 this matter to the following:						
ALEXIS PINA- FERNANDEZ (Name of Person)						
(Name of Person)						
MIAMI EDS						
	<u> </u>	(Firm/Company)				
7400 SW 109 TER.						
7400 SW 109 TER. (Address)						
PNECREST FL 33156						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
ALEXIS P.DA-FERNANDEZat (305) 336-1277 (Name of Person) (Area Code & Daytime Telephone Number)						
	(Na	ame of Person)		(Area Code & Daytime Telephone Number)		
		·				
	STREET/C	COURIER ADDRI	F SS •	MAILING ADDRESS:		
	Registration			Registration Section		
	_	Corporations		Division of Corporations		
	Clifton Bui	lding		P.O. Box 6327		
		itive Center Circle		Tallahassee, Florida 32314		
	Tallahassee, Florida 32301					
	Enclosed is a check for the following amount:					

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. company submits the following statement in order to clin the State of Florida.	508, Florida Statutes, the undersigned limited liability hange its registered office or registered agent, or both,
1. Name of the limited liability company:	MI FEDS, LLC
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	any: 7400 SN 109 TER. Pinecrest, FL 33156
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7400 SW 109 TER. A'recrest, FL 33156
April 10, 2009 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:	ALEXIS PINA-FERNANDEZ.
Registered Office Address:	7400 SW 109 TER. D PINECREST, FL 33 665 S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	문W Registered Office address: 등 역장 기
NEW Registered Agent:	DAVID FERNANDEZ 3
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member) ALEXIS PLA-FERMANDEZ (Printed or typed name of signee)	reet address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited es of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the abligations of my positiff. S. Gr., if this document is being filed to merely reflect confirm that the limited liability company has been notified.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.

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