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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#) ·
PICK-UP	☐ WAIT	, MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	l
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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17 SEP -6 AM 8-5)
SECRETARY OF STATE
TALLAMASSEF FLORIDA

COVER LETTER ...

TO:	Registration Section Division of Corporations	
SUBJE	ECT: JUAICA	HULDINGS, LLC Name of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.
Please	return all correspondence con	cerning this matter to the following:
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	na B. Guterrez Name of Per	· · · · · · · · · · · · · · · · · · ·
	Name of Fer	SOII
—	cica Holdings	, , C
	Gica Holdings Firm/Compa	iny
	1	
10	500 SW 67th A	√ €
	500 5W 67 ^{+h} A Address	
H	19mi FL 33 City/State and 2	150
	City/State and Z	ip Code
/	ARCA @ BELL 500	TH. NET future annual report notification)
E	-mail address: (to be used for	future annual report notification)
For fur	ther information concerning t	nis matter, please call:
Λ	()	
	ma Echinez	at (305) 753-3349
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADD	RESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circl	P.O. Box 6327
	Tallahassee, Florida 32301	e Tallahassee, Florida 32314
	Enclosed is a check for the	following amount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
	_ + · · · · · · · · · · · · · · · · · ·	= 555 rining rec & 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 Ma	time of the limited liability company:	A HOLD	UN65 1 L	0	
	105005W 67th Ave.	(b) _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6) _		ress of limited liability cor	
-	09/21/2006			0092919	
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)				TAL SE	
	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State;	TAKE SE	71
			-	P -I	ILED
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		m c	E
	10 500 SW 67-14 Ave			FLO E	
	Miami FL	FL 33/5	, ф.	FLORIDI	
	Ana Beatiz Cutierez				
(b)	Enter name of NEW Registered Agent and/or NEW Register				
	Enter hance of NEW Registered Agent and of New Register	red Office addre	<u>55</u> :		
	10				
	NEW Registered Office Address:				
	10500 SW 67th Ave			1 . D1	, so ~
			- × N	oute Pre	signal
	Hiami	er . 3.3 J.	53 "	not show on website	, fu , S
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability com s of the limite	ate of Florida, it is red office and the l pany, it is hereby c d liability compan	hereby confirmed the business office of the confirmed that the cha	nt after registered nge(s)
m	1 and of Milan			herrez.	
Signal	ture of a member or authorized representative of a member	<u>/</u> - \ <u>`</u>	Urcela 601 Printed or	typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, the writing of this change.	igree to act in ite performan ded for in Cha I hereby conj	this capacity. I fu ce of my duties, an upter 605, F.S. Or urm that the limite	orther agree to comply of I am familiar with a green to the this document is b of liability company he	with the ind accept eing filed as been
Signatui	Registered Agent				
	Division of Compositions B.O.	D (237-	T-11-1 PT 7	2214	

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