

L080000003720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

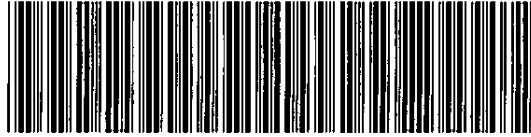
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700151726807

04/24/09--01048--017 **25.00

FILED

09 APR 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. ~~Office~~ APR 27 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Areas USA MIA, 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 this matter to the following:

Richard L. Barbara, Esq.

(Name of Person)

Alvarez, Almazan & Barbara, LLP

(Firm/Company)

2701 South Bayshore Drive, Suite 305

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard L. Barbara, Esq.

(Name of Person)

at (305) 263-7700

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following 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 liability company: Areas USA MIA, LLC

2. (a) Principal office address of limited liability company: 5301 Blue Lagoon Drive, Suite 690
(Note: MUST BE STREET ADDRESS) Miami, FL 33126

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

09 APR 24 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

1/11/2008

L08000003720

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:

Corporate Creations Network, Inc.

Registered Office Address:

11380 Prosperity Farms Rd., #221E
Palm Beach Gardens, FL 33410

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Richard L. Barbara, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Alvarez, Almazan & Barbara, LLP

2701 South Bayshore Drive, Suite 305

Miami, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Francesco Balli

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00