108000049009

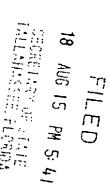
(Requestor's Name)					
(Address)					
(Address)					
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
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08/18/19--01008--003 **25.09



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	URBANNIC LLC		
	Nam	e of Limited	Liability Company
Dear S	ir or Madam:		
The en	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to t	he following:
ART	HUR NOGUERA		
	Name of Person		
URB	ANNIC LLC		
	Firm/Company		
175 9	SW 7 ST STE 1523		
	Address		
MIAN	/II, FL 33130		
	City/State and Zip Code		
	HUR.NOGUERA@URBANNIC.CC		
I	:-mail address: (to be used for future ann	ual report no	otification)
For fu	rther information concerning this matter,	please call:	
ARTI	HUR NOGUERA	305	864-0000
	Name of Person	· · · · · · · · · · · · · · · · · · ·	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	٥	\$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.

Na	me of the limited liability company: URBANNIC L	LC			
(a)	175 SW 7 ST STE 1523	(b)	(b) 175 SW 7 ST STE 1523		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI FL 33130	<u>N</u>	/IAMI FL 33130		
	08/09/2018	 L(08000049009		
	Date of filing/registration in Florida	4.	Document number		
(a)	ARTHUR NOGUERA				
(")	Registered Agent and Registered Office shown on the records of 540 NW 7 ST	the Florida D	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) STE 1	<u>ADDRESS)</u>			
	MIAMI, FI	33136			
41-7	ARTHUR NOGUERA		18 A		
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	175 SW 7 ST		FILED PROFILED		
	NEW Registered Office Address:				
	STE 1523				
	MIAMI , FI	33130			
Signa Signa here rovisi ne obto	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the aute of a member or authorized representative of a member by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	f the registe inhibity composite limited lia	ered office and the business office of the registere ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. HUR NOGUERA Printed or typed name of signee		