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(Re	equestor's Name)	
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M. THOMAS MAR 31 2009

EXAMINER

COVER LETTER

Registration Section

Division of Corporations				
SUBJECT: MIAMI BUSINESS LLC			61	
	Limited Liability Company)	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	nis matter to the following:			
RICARDO BOIERO & JUDITH STANBURY (Name of Person)				
(Table of Felson)	•			
MIAMI BUSINESS LLC				
(Firm/Company)	*** *** ******************************			
·			0	
12905 SW 42 STREET, SUITE 108		AEC SEC	09 MAR 30 AM III: 52	
(Address)		是四	70	<u> </u>
		经长	õ	
MIAMI, FL. 33175		<u></u> 2	E	Ċ
(City/State and Zip Code)		OF STATE	***	
	•	PH PH	<u>5</u> 2	
For further information concerning this matter,	, please call:			
				:
	at (305) 721.5041	-		
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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 ti	ne S	State of Florida.				
1. 1	Var	ne of the limited liability company: MIAMI BUS	INESS LLC		, , , , , , , , , , , , , , , , , , , 	
2. ((a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 12905 SW 42 STREET, SUI MIAMI, FL, 33175	ΓE 108		0 0
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12905 SW 42 STREET, SUITE 108 MIAMI, FL. 33175			0
5/20)/20	008	L08000050220			
3. 1	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida De	pt. of State:		
		Registered Agent:	BOIERO, RICARDO			
		Registered Office Address:	7018 SW 8TH AVE	TALE OF	OS MAR	
			MIAMI, FL, 33173	4H A		
				SE SE	- 3	ři ED
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addres			Ö,
		NEW Registered Agent:	BOIERO, RICARDO	STATE	<u></u> .	•
		NEW Registered Office Address:	12905 SW 42 STREET,	≨ա	N	
		(MUST BE FLORIDA STREET ADDRESS)	SUITE 108			
			MIAMI	FL <u>33175</u>	<u></u>	
that offi her liab	afl ce eby	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company	et address of the registered of ease of a Florida limited liabil	fice and the ity company	busine /. it is	ess

(Signature of a member or author sentative of a member)

BOIERO, RICARDO

(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**