## L08000064746

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



500250562065

500250562065 08/12/13--01046--014 \*\*25.00

FILED
2013 AUG 12 PM 3: 33
SECRETARY OF STATE,
TALLAHASSEE, FILORIE,

AUG 1 3 2013 J. BRYAN

## COVER LETTER .

TO: Registration Section Division of Corporations				
SUBJECT: 1418 Sarria, LLC Name of L	imited Liability	/ Company		_
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted	l for filing.	
Please return all correspondence concerning to	this matter to th	e following:		
Shirley Deutch Name of Person			2013 AUG 12 Secal Imaa Tallahassi	
Firm/Company			12 PH 3: 38 ARY OF STATE VSSEE, FLORID	ר ר
14651 SW 160th Terrace	e		3: 33 7ATE ORIDA	
Miami, FL 33177  City/State and Zip Code			r	
deutchs@bellsouth.net	otification)			
For further information concerning this matter				
Shirley Deutch	at (305	238-5217		
Name of Person	\	ea Code & Daytime Telepho	ne 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	ig 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.

agent, or both, in the State of Florida.	<i>g. g</i>	
1. Name of the limited liability company: 1418 Sarria, LLC		
2. (a) Principal office address of limited liability comp	namy: 445 Grand Bay Drive	
(Note: MUST BE STREET ADDRESS)	#1211	30 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Key Biscayne, FL 33149	10 to 1
42.44.44	····	70
(b) Mailing address of limited liability company:	445 Grand Bay Drive	77.72. 6
(Note: MAY BE POST OFFICE BOX)	#1211	
	Key Biscayne, FL 33149	- T.
July 2, 2008	L08000064746	Sall Va
3. Date of filing/registration in Florida	4. Document number	Dr.
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	MARIA-CRISTINA D	EL-VALLE. P.A.
Pasistanad Office Address	801 BRICKELL AVE	
Registered Office Address:	STE 900	•
	MIAMI, FL 33131	US
	•	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office add	lress:
NEW Registered Agent:	Shirley Deutch	
NEW Registered Office Address:	14651 SW 160th Terrace	
(MUST BE FLORIDA STREET ADDRESS)		
	Mami	,FL_33177
If the limited liability company is not organized under t confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as othe the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the	a remetered office
Diagram Adam	•	
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity proper and complete perform position as registered agent merely reflect a change in the pany has been notified in writ	ty. I further agree to mance of my duties, as provided for in se registered office ting of this change.

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