

L08 0000 97341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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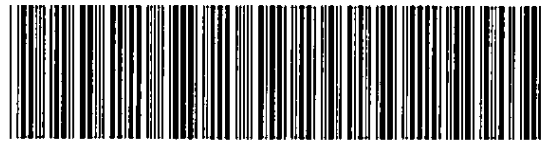
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KLACORALGABLES, 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:

JAVIER MORLA

\_\_\_\_\_  
Name of Person

PACIFIC CABLE TELEVISION INC.

\_\_\_\_\_  
Firm/Company

1728 CORAL WAY, SUITE 800

\_\_\_\_\_  
Address

MIAMI, FL 33145

\_\_\_\_\_  
City/State and Zip Code

jmorla@batanmiami.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Morla

at ( 305 ) 529-2488

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 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. Name of the limited liability company: KLACORALGABLES, LLC
2. (a) 4573 PONCE DE LEON BLVD.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
CORAL GABLES, FL 33146
- (b) 4573 PONCE DE LEON BLVD.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
CORAL GABLES, FL 33146
3. OCTOBER 15, 2008  
Date of filing/registration in Florida
4. L08000097341  
Document number
5. (a) MURAI WALD BIONDO & MORENO PLLC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2121 PONCE DE LEON BLVD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 600  
CORAL GABLES, FL 33134
- (b) CRISTINA MORENO P.A.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2600 DOUGLAS ROAD  
**NEW** Registered Office Address:  
SUITE 304  
CORAL GABLES, FL 33134

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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]  
Signature of a member or authorized representative of a member

Maria del Carmen Morla

Printed or typed name of signer

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 605, 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.

Cristina Moreno

Signature of Registered Agent