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TO:	Registration Section Division of Corporations					
SUBJ	MAYA REMESAS, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to the following:				
	Lorenzo Moll Parron, Esq	<u>. </u>				
	Name of Person					
	Kaplan Young & Moll Parron F	PLLC				
	Firm/Company					
	600 Brickell Avenue, Suite 1	715				
	Address					
	Miami, FL 33131	. <u>. </u>				
	City/State and Zip Code					
	lmoll@kymplaw.com					
	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter,	please call:				
	Lorenzo Moll Parron	at (305) 531-2424				
	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	☐ \$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.

	2000 Pt 1 Pt 1 1/210 NG 1 Pt 20146	nesas, LLC	2000 Diad David #210 1	Missel DL 2	2146
2. (a)	2800 Bird Road, #218, Miami, FL 33146 (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3800 Bird Road, #218, Miami, FL 33146 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	11/24/2008		L08000108794		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Castillo, Guillermo				
(Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:		
	1825 Ponce de Leon Boulevard			c=1	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		16	
	#160			OCT 21	77
	Coral Gables , FL	33134		16 OCT 21 PM 4: 17 OKYISION OF CORE OF ATIONS	
(b)	Kaplan Young & Moll Parron PLLC			CORE OF ALION	Ö
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :	5 7	
	600 Brickell Avenue			Ç)	
	NEW Registered Office Address:				
	Suite 1715				
	Miami, FL	33131			
the chagent was/w the ar Sign I heroprovist the obto men	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member eight accept the appointment as registered agent and agricions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I are din writing of this change.	the register ability comp of the limited liab limited liab eree to act in performance d for in Cha	ed office and the business of pany, it is hereby confirmed to a liability company or as oth ility company. Printed or typed name this capacity. I further agree to find duties, and I am fampter 605, F.S. Or, if this doc	ffice of the rethat the changerwise provided the change of signee to comply williar with an acument is bei	egistered ge(s) ded in with the daccept ng filed

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

INHS18 (2/14)

Signature of Registered Agent