

LD9000004844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

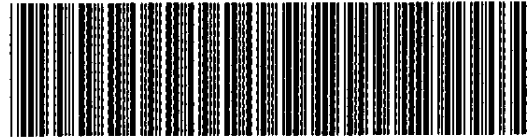
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800209097788

06/21/11--01012--025 \*\*25.00

FILED  
2011 JUN 21 PM 12:50  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 22 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CURACAO REAL ESTATE 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:

Irene Motta

Name of Person

IBCF

Firm/Company

101 Main Street, Suite One

Address

Tappan, NY 10983

City/State and Zip Code

leonardo@intercorp.us.com

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

For further information concerning this matter, please call:

Irene Motta

Name of Person

at ( 845 )

398.0900

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 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.*

1. Name of the limited liability company: CURACAO REAL ESTATE LLC

2. (a) Principal office address of limited liability company: Palm Grove House

**(Note: MUST BE STREET ADDRESS)**

Road Town, Tortola, BVI

(b) Mailing address of limited liability company:

Intercorp International Ltd

**(Note: MAY BE POST OFFICE BOX)**

801 Brickell Ave suite 926  
Miami FL - 33131

01/14/2009

3. Date of filing/registration in Florida

L09000004844

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPAG REGISTERED AGENTS (USA), INC.

Registered Office Address:

999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

NRAI Services, Inc.

**NEW** Registered Office Address:

515 East Park Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

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.

Irene F. Motta  
Signature of a member or authorized representative of a member

Irene F. Motta, Authorized Representative of Member

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.*

Irene F. Motta  
Signature of Registered Agent

Irene F. Motta, Asst Sec of NRAI  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**