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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VIZCAYA CONCIERGI (Name	E SERVICES, LLC e 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 concernin	g this matter to the following:	
Ms. KAREN BELL		
(Name of Person)		
VIZCAYA CONCIERGE SERVICES, LLC (Firm/Company)	·	
3535 HIAWATHA AVENUE		
(Address)		
COCONUT GROVE, FLORIDA, 33133		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
KAREN BELL	at ( 954 ) 804 1020	
(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	ing amount:	
☐ \$25 Filing Fee		

## 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: VIZCAYA	CONCIERGE SERVICES, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 950 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA, 33324
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	950 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA
01/23/2009	L09000008039
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Ms. KAREN BELL
Registered Office Address:	950 SOUTH PINE ISLAND ROAD, PLANTATION, FLORIDA, 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  Ms. KAREN BELL
<b>NEW</b> Registered Office Address:	3535 HIAWATHA AVENUE
(MUST BE FLORIDA STREET ADDRESS)	COCONUT GROVE,
	"FL <u>33133</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida strooffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company it is
VADEN BELL	
(Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	

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