LO9 0000 09534

(Requestor's Name)						
(Address)						
(Ad	ldress)	•				
(Cit	ty/State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Na	me)				
(Document Number)						
Certified Copies	_ Certificate	es of Status				
Special Instructions to	Filing Officer:					
		ļ				

Office Use Only



100287662761

07/08/16--01017--011 **35.00

THE AUG 22 A III 37

AUG 23 2013) BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2016

RICARDO DELGADO 1749 NE MIAMI CRT #212 MIAMI, FL 33132

SUBJECT: NUFRONTIER, LLC Ref. Number: L09000009534

We have received your document for NUFRONTIER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 116A000 14382

www.sunbiz.org

COVER LETTER

Division of Corporations				
SUBJECT: Nume of	Limited Liability Company			-
Dear Sir or Madam:	, ,			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for fili	ng.		
Please return all correspondence concerning this ma	atter to the following:			
RICANDO S. DEGANO Name of Person				
	· · · · · ·			
NUFRONTIER, LCC				
Firm/Company				
1749 NE MIAMI CRY	1212	MILLA	2015	ninguig
Micui Flanina, 3	3132	HASSEE. S	NU6 22 A	erranere e
City/State and Zip Code		목닭	≱ :3	O
Rick Delgaro @ ME. C	OM		υ L	
E-mail address: (to be used for future annual r	eport notification)			
For further information concerning this matter, plea	se call:			•
RICAMNO DELAMO	305, 458 5506	• ?		ē.
Name of Person	Area Code & Daytime Te	lephone	Numbe	er
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	Va	men W	MADE NOON
Enclosed is a check for the following amo	ount:		~ / ^!	(())
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Ce	ору	14	1,

INHS18 (2/14)

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI FL- 1/29/2009 Date of filing/registration in Florida 1/24000 1 DE 1 A 100	1. Na	me of the limited liability company:NUFNON	ti El	2,46	2	
Date of filing/registration in Florida Document number ACARDO J. TRUGADO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1749 NE WIMMI (R) # #212 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Wilmi FL 37132 FL Better name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: FL FL STATE ABOUT STATE	2. (a)	1949 NE MIAMI CR+ #212 Principal office address of limited liability company:	,)	SAME. Mailing address of limi	, ,
Date of filing/registered in Florida A. Document number 5. (a) ACARDO J. PLGADO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: [33132 1	- -			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1949 NE Mikmi CA+ #212 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Mikmi FL 33132 FL Enter name of NEW Registered Agent and/or NEW Registered Office address: FL		1/29/2009	_	209	000009	534 .
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1 449 NE Midwi CA # 212 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Midwi FC 33132 FL Better name of NEW Registered Agent and/or NEW Registered Office address: FL	3.		4.		Document numbe	er
Registered Office Address Milmi FC 33/13 Q FL Better name of NEW Registered Agent and/or NEW Registered Office address: N	5. (a)			· · · · · · · · · · · · · · · · · · ·	_	
Registered Office Address Mi Mi FL			e Florida	Dept. of Stat	e:	
Military FL 33/132 FL Enter name of NEW Registered Agent and/or NEW Registered Office address: FL					_	
Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address of the Florida Address			ODRESS.	<u>}</u>	· way del	
Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Offic		Mraai PC.				20 65
Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Offic		33/32, FL				
NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office address: NEW Registered Office Address: New York Part NEW Registered Office Address: New York Part NEW Registered Office Address: New York Part NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: New York Part NEW Registered Office Address: New York Part N					ASS.	
NEW Registered Office Address:	(b)	CALCALLA IV NEW P. 14 . 10		1	- Ma	
NEW Registered Office Address: NEW Registered Office Address: FL		Enter name of NEW Registered Agent and/or NEW Registered U	office add	aress:		
Jef 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 aithorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the arricles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a 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 statumy relative to the proper and complete performance of my duties, and I am Jamiliar 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.						 u
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. RICAN(10 DE/5A16 Signature of a member or authorized representative of a 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 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.		NEW Registered Office Address:		· · · · · ·	- →	J
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. RICAN(10 DE/5A16 Signature of a member or authorized representative of a 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 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.					-	v
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. RICAN(10 DE/5A16 Signature of a member or authorized representative of a 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 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.					_	
Signature of a member or authorized representative of a 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 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.	the cha agent w	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of class of organization or the operating agreement of the li	he regis vility co the lim mited l	stered offic empany, it i ited liabilit iability cor	e and the business is hereby confirmed by company or as on pany.	office of the registered d that the change(s) therwise provided in
Ishereby 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.	4	WWW.HAD		Ricano	0 J. DE/5	APO
drovisions of all statites 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.	/-				Printed or typed nam	ne of signee
Signature of Registered Agent	drovisi the obli to mere	ons of all statities relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to act erform for in C ereby co	in this cap ance of my Chapter 60. onfirm that	acity. I further ay duties, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to comply with the imiliar with and accept locument is being filed y company has been
	Stenatu	re of Registered Agent				