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JUN 1 3 2017 Y SULKER

COVERLETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJI	Teatro Marti Development,	LLC					
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to	the following:				
Joel L	Tabas						
•••••	Name of Person						
Tabas	s & Soloff, P.A.						
	Firm/Company		VENDOR # 7490065				
25 SE	2nd Avenue, Suite 248		HOT GL CODE: 921 -00-63180.00				
	Address		AMOUNT: \$25.00 PAGE 1 OF 2				
Miam	i, Florida 33131						
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
•	@tabassoloff.com						
E	-mail address: (to be used for future ann	ual report n	otification)				
For fur	ther information concerning this matter.	please call:					
Joel L	. Tabas	305	375-8171				
	Name of Person		Area Code & Daytime Telephone Number				
Registration Section Registration of Corporations Division of Corporations Division Building P.O.		AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314					
	Enclosed is a cheek for the following	amount:					
	2 \$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.	Na	me of the limited liability company: Teatro Marti D	evel	opn	nent, Ll	-C	
2. (Tabas & Soloff, P.A.		(b)	Tabas	& Soloff, P.A.	
J. ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(5).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		25 S.E. 2nd Ave., Suite 248		:	25 S.E.	2nd Ave., Suite 248	
		Miami, Florida 33131	_	_	Miami, I	Florida 33131	
		2-17-09		L	090 0 00	15858	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)	Tabas & Soloff, P.A.					
	()	Registered Agent and Registered Office shown on the records of the	e Flori	da D	ept. of Sta	te:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		14 NE 1st Ave., PH				- -	
		Miami, , FL_	3313	2		- PAGE 2 0E2	
,	(b)	Tabas & Soloff, P.A.				JUN ZHAKETA	
,	(-)	Enter name of NEW Registered Agent and/or NEW Registered ()Mee n	ddr	254:	JUNIZ AM SHASSEE, FLOR	
		NEW Registered Office Address:					
		25 S.E. 2nd Ave., Suite 248				- DA	
		Miami, FL_	3313	1		_	
the age: was	chaint w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l	he reg bility (the li- imited	iste com mite l lia	red offic pany, it i ed liabilit bility cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany.	
		and of a marsher or sufficient and annuality of a marsher	70	el I	Taba	Printed or typed name of signee	
I he pro the to n noti	ereb visio obli iere fied	ure of a member or authorized representative of a member by accept the appointment as registered agent and agre cons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h by it is a change in the registered office address. I h by it is a change in the registered office address. I h by it is a change in the registered of the change.	e to a perfori for in ereby	ci ir nan Ch con	i this cap ce of my apter 60. firm that	**	
		Division of Corporations P.O. B	ox 632	27•	Tallaha	ssee, FL 32314	

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