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J. SAULSBERRY EXAMINER

DEC 2 7 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 3570 Moorings Name of Limite	したC ed 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 n	natter to the following:	
Adyari Morales Name of Person		
Name of Person		
3570 Moorings LLC Firm/Company		
Address Miami, FC 33/3/ City/State and Zip Code ame straat.co E-mail address: (to be used for future annual report notificate For further information concerning this matter, pless Advari Morales Name of Person Advari Name of Person	ion) ease call: 305) 372 - 0075 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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

11

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: <u>3570</u>	Moorings LCC
2. (a) Principal office address of limited liability company	: 701 Brickell Are Suite 860
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131
(b) Mailing address of limited liability company:	701 Brickell Ae. Suite 860
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33/31
2/23/2009	L09000017993
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Daniel Echavarria
Registered Office Address:	3570 South Moorings Way Miami, FC 33133
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	Adyari Morales
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 Brickell Ave Suite 860 Miami FL 33131
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor 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 agrouply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hareby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of Registered Agent	