

LOG 0000 27712

(Requestor's Name)

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(City/State/Zip/Phone #)

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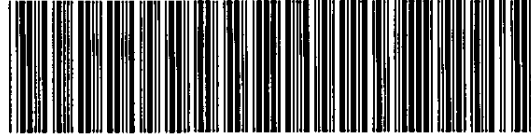
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

FELIPE BARRIOS
6101 NW 74 AVE
MIAMI, FL 33166

SUBJECT: AMERICAN PRIVATE LABEL, LLC
Ref. Number: L09000027712

We have received your document for AMERICAN PRIVATE LABEL, 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00021737

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Private Label, LLC
Name of Corporation

DOCUMENT NUMBER: L09000027712

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felipe Barrios

Name of Contact Person

American Private Label, LLC

Firm/Company

6101 NW 74 Avenue

Address

Miami, Florida 33166

City/State and Zip Code

felipe@americanprivatelabel.com

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

For further information concerning this matter, please call:

Felipe Barrios

Name of Contact Person

at (**305**) **609-6875**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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. Name of the limited liability company: American Private Label LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

6101 NW 74 Ave
Miami FL 33166

Mailing address of limited liability company:

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

6101 NW 74 Ave
Miami, FL 33166

3. 3/20/09 Date of filing/registration in Florida 4. L09000027712 Document number

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

4340 Sheridan St. #102
Hollywood, FL 33021

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

NEW Registered Office Address:

6101 NW 74 Ave
Miami, FL 33166

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Felipe Barras
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]
Signature of Registered Agent