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. (R	Requestor's Name)		
	•			
(A	Address)			
(A	ddress)			
(C	City/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	, and the second		
SUBJECT: FRUTTUSTERRA LIMITED LIABILITY COMPANY Name 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 concerning this m	natter to the following:		
MAXIMO E. PICHARDO Name of Person			
FRUTTUSTERRA LIMITED LIABILITY COM	<u>IPANY</u>		
5822 SW 41 ST Address			
MIAMI FL 33155 City/State and Zip Code			
max@fruttusterra.com E-mail address: (to be used for future annual report notification	on)		
For further information concerning this matter, plea	ase call:		
MAXIMO E. PICHARDO at (305) 469-2077 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 amount:			
\$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 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: FRUTTUS	ERRA LIMITED LIA	ABILITY COMPA
2. (a) Principal office address of limited liability compan	y: <u>735 2ND S</u>	STREET,SUITE 4
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH FL 33	1139
(b) Mailing address of limited liability company:	5822 SW 41 S	iT
(Note: MAY BE POST OFFICE BOX)	MIAMI FL 33155	
06/03/2009	L090000	53769
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
Registered Agent:	SPIEGEL & UTRERA	\.P.A
Registered Office Address:	1840 SW 22ND ST	
	4TH FLOOR	
	MIAMI FL 33145	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office add	
NEW Registered Agent.	SENSIO A. FONTON	<u> </u>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1013 SW 67TH AVENUE	
(MUST BE I EURIDA STREET ADDRESS)	WEST MIAMI	,FL33144_
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member MAXIMO E. PICHARDO Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the product of the provisions of the product of the prod	lorida street address of the ical. Or, in the case of a was/were authorized by wise provided in the article.	e registered office Florida limited an affirmative vote elector organization APR 29 PH LAHASSEE, FI
Signature of Registered Agent		-

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