## 09000059860

(Requestor's Name)							
,							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Consideration to Filip Office							
Special Instructions to Filing Officer:							
}							
}							

Office Use Only



800184973808

09/03/10--01008--009 \*\*25.00

T. CLINE

SEP - 7 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUB	JECT: A			arcia LL				<del></del> -
	Name of	Limito	ı Liavi	nty Com	parry			
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	Office (	Change	and fee(	(s) are s	ubmitted	for filing.	
Pleas	se return all correspondence concerning	g this m	atter to	the follo	owing:			
	Elvia Arguez					-		
	Name of Person							2
	,						ALL	20的 SEP3
	Arquez & Garcia LLC						<u>}</u> ≥≈	SET
	Firm/Company						AS AS	_U
							SER	
	901 Brickell Key Blvd, Apt 1	701						PM 12: 21
	Address	<i>,</i> 0 1		_			F STAT	75
							<del>E</del> A	20
	Minmi Florido 22121						7.00	
	Miami, Florida, 33131 City/State and Zip Code			<u></u>				
	City/State and Zip Code							
	elvisarquez@gmail.com							
-	elviaarquez@gmail.com E-mail address: (to be used for future annual report	notificati	on)	_				
For f	further information concerning this ma	tter, ple	ase cal	1:				
	Elvia Arquez	at (	786-	)		499-797	70	
	Name of Person	_ `		Area Code	& Daytin	ne Telephon	e Number	
	STREET/COURIER ADDRESS:		м	AII INC	ADDDE	·22·		
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
	Division of Corporations Division of Corporations							
	Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 3				32314				
	Tallahassee, Florida 32301							
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee			55 Filing	g Fee &	Certified	Сору	

## 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:	Arquez & Ga	arcia LLC				
2. (a) Principal office address of limited li	ability company: A	: Arquez & Garcia LLC				
(Note: MUST BE STREET ADD)	RESS) 901 Brickell Ke Miami, Florida,	ey Blvd, Apt 1701 . 33131				
(b) Mailing address of limited liability of	company: Arquez	Arquez & Garcia LLC				
(Note: MAY BE POST OFFICE	901 Brickell Ke Miami, Florida,	1 Brickell Key Blvd, Apt 1701 ami, Florida, 33131				
06/19/2009	L0	9000059860				
3. Date of filing/registration in Florida	4. Document nur	nber				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat						
Registered Agent:	<u>Elvia Arquez</u>	20 D TALI				
Registered Office Address:	115 SW 11th S Miami, Florida,	Street, Apt 902 8				
(b) Enter name of NEW Registered Ag	<u>ent</u> and/or <u>NEW Registered Of</u>	fice address TATE				
NEW Registered Agent:	·	PATE 20				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET A	901 Brickell Ke	901 Brickell Key Blvd, Apt 1701				
MOST BE FEORIDA STREET A	<u>Miami</u>	,FL <u>33131</u>				
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered agriability company, it is hereby confirmed the office of the limited liability com or the operating agreement of the limited liability com Signature of a member of authorized representative of a result of the limited liability company.	ent will be identical. Or, in the call the change(s) was/were author pany or as otherwise provided in ability company.	ase of a Florida limited				
Elvia Arguez Printed or typed name of signee						
I hereby accept the appointment as register comply with the provisions of all statutes rand I am familiar with and accept the obligion Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited left in the confirmation of the confirmation o	red agent and agree to act in this elative to the proper and complete ations of my position as registere eing filed to merely reflect a chai iability company has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.				
Signature of Registered Agent						

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