

LO9000 081 427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

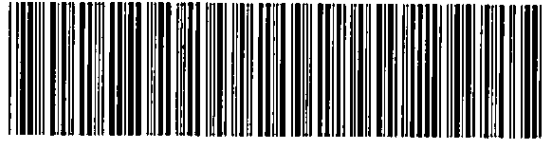
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INMOBIFEX USA, LLC

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 matter to the following:

SEBASTIAN PACHECO

Name of Person

INMOBIFEX USA, LLC

Firm/Company

11231 NW 20TH ST STE 140-239

Address

MIAMI, FL 33172

City/State and Zip Code

INFO@INMOBIFEXUSA.COM

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

For further information concerning this matter, please call:

SANDRA DE LEON

Name of Person

786

4129533

at ()

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

When the new address was reported back in January 2019, we made a typo and added an additional zero "0" on the street. Please assist us to correct and remove that extra zero "0" also for address of all members. Thank you

**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: IMMOBIFEX USA, LLC.

2. (a) 11231 NW 20TH ST STE 140-239 (b) 11231 NW 20TH ST STE 140-239

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33172

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33172

08/24/2009

L09000081427

3. Date of filing/registration in Florida

4. Document number

5. (a) SEBASTIAN PACHECO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11231 NW 20TH ST STE 140-239

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33172

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

NEW Registered Office Address:

11231 NW 20TH ST STE 140-239

MIAMI, FL 33172

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.

SANDRA DE LEON

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA