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DEC 1 7 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ONI RICA LLC. Name of 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 matter to the following:					
Simmy Jerry Pinto					
Simmy Jerry Pinto Name of Person					
ONIRICA LLC. Firm/Company					
Firm/Company					
402 N. Belomak Ct - C. b. 102					
402 N. Babcock st - Sule 102. Address					
Melbourne, FL 32935 City/State and Zip Code					
City/State and Zip Code					
ipinto@mabmd.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ingrid Pinto - Otazi at (321) 241 - 6540 Name of Person Area Code & Daytime Telephone Number					
·					
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 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee & Certified Copy					

INHS18 (2/14)

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.

1 101 144						
1. Name of the limited liabilit	y company: O N	RICA	LLC	<u>.</u>		
2. (a) 402 N. Babo	cock st	(b)_		N. Bo		
	ess of limited liability company: <u>BE STREET ADDRESS</u>)			ailing address of <i>(Note: MAY BI</i>		
Suite 102				te 102		<u> </u>
1						
Melbourne	FL 32935	-	Mel	bourne	+L	32935
09/14/2			1 na	00008	82 a 0	
	2007 egistration in Florida	 4.		Document nur		-
5. (a) Spiegel &						
	ered Office shown on the record					
1840 SW	22nd st					
	(MUST BE FLORIDA STRE	ET ADDRESS)				
4th Floor						
Miami		FL 3314	5		F. =	
_	_				S DE	to we had
(b) Simmy Enter name of NEW Pagista	Terry Pint red Agent and/or NEW Regist				C I	enege 1
Enter hanc of the Williams	ted Agent and/of IVEW Regist	ered Office addre	. <u></u>		TARY OF STATE ASSEE, FLORIDA	
402 N. Ba	boock st.					
<u>NEW</u> Registered Office Add	ress:				AM IO: Oa OF STATE E. FLORID	
<u>Suite 10</u>	<u>2.</u>					
.4 ` \ 1		_				
Melbourne	2	FL 3295	37			
If the limited liability company the change or changes are made	is not organized under the	e laws of the St	ate of Flor	ida, it is hereb	y confirmed	that after
agent will be identical. Or, in the	ne case of a Florida limite	d liability com	pany, it is l	nereby confir	ned that the	change(s)
was/were authorized by an affir the articles of organization or th					s otherwise	provided in
			Simmy	Jerry Printed or typed i	Pint)
Signature of a member of authorized	1				ŭ	
I hereby accept the appointment provisions of all statutes relative the obligations of the positions of the	it as registered agent and e to the proper and comp	agree to act in lete performand	this capac ce of my di	rity. I further ities, and I an	agree to con 1 familiar wi	nply with the th and accept
provisions of all statutes relative the obligations of my position at to merely reflect a change in the notified in writing of this change.	s registered agent as prov ? registered office address e	med for in Chi , I hereby conf	ipier 005, Irm that th	e limited liab	s aocument ility compan	y has been
of thing						
Signature of Registered Agent						

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

INHS18 (2/14)