## 109000094130

	(Requestor's Name)					
	(Address)					
	•					
	(Address)					
	<b>(</b>					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
·						
• •	(Document Number)					
Certified Copies	Certificates of Status					
Special Instruction	s to Filling Officer:					
	·					

Office Use Only



400183428794

07/22/10--01017--020 \*\*25.00



S. HAWKES

JUL 2 3 2010

EXAMINER

## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJE	SUBJECT: MINAYA PUBLIC RELATIONS, LLC				
	Name of I	imite	d Liability Com	pany	
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered C	Office (	Change and fee	(s) are submitted for filing.	
Please	return all correspondence concerning	this m	atter to the follo	owing:	
- <del></del> -				المراضين الجمار والجالي السيليانيية فيليب الب	<b></b>
	JHONNY MINAYA				
<del></del>	Name of Person		<u></u>		
	MINAYA PUBLIC RELATION	IS			
	Firm/Company		•		
-	2482 SW 156 CT Address				
	V. <b></b>				
	MIAMI, FL 33185				
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·		
-E-n	JHONNY@MINAYAPR.CO nail address: (to be used for future annual report r	VI otificati	on)		
-			+ .		· .
_ror rur	ther_information concerning this matt	er, pie	ase.can: 1 -	الجنب جهاد و مسهد ما سم	· <u>-</u>
	JHONNY MINAYA	-4 (	305 )	221 3107	
	Name of Person	_ at (_		& Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING A	ADDDECC.	
	Registration Section		Registration		
	Division of Corporations		Division of 0		
	Clifton Building		P.O. Box 63	and the second s	
	2661 Executive Center Circle		Tallahassee,	Florida 32314	
	Tallahassee, Florida 32301				
	Enclosed is a check for the following	ıg am	ount:		
	\$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:	MINAYA PUBLIC RELATIONS			
2. (a) Principal office address of limited liability con	mpany:			
(Note: MUST BE STREET ADDRESS)	2482 SW 156 CT MIAMI, FL 33185			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
09/29/2009	L09000094130			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office show				
Registered Agent:	CORPORATION SERVICE COMPANY			
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301 US			
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address:			
NEW Registered Agent:	KABAT SCHERTZER DE LA TORRE TA			
NEW Registered Office Address:	9400 S. DADELAND BLVD, SUITE 601			
MUST BE FLORIDA STREET ADDRESS	MIAMI ,FL33156			
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the character of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the character of a member of authorized representative of a member of authorized representative of a member	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e-identical. Or, in the case of a Florida limited _ inge(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization impany.			
Thony Minaya Printed or typed name of signee				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability considered from the confirmation of the	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.			

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