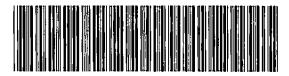
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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<del>:</del> #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
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August 23, 2017

ROBERT TARABOULOS 9300 S DADELAND BLVD STE 600 MIAMI, FL 33156

SUBJECT: CHAMOTOR DO BRASIL LLC

Ref. Number: L09000113126

We have received your document for CHAMOTOR DO BRASIL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00017306

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## 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.

I. Na	ame of the limited liability company: CHAMOTOR	DO BE	RASIL LL	.C	
2. (a)	9300 S DADELAND BLVD, STE 600	d	(b) 9300 S DADELAND BLVD, STE 600		
(~/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI, FL 33156	_	MIAMI	, FL 33156	
	04/05/2017	_	L09000	113126	
3. 5. (a)	Date of filing/registration in Florida MAGNO & ASSOCIATES, PL	4.		Document number	
ω. (u)	Registered Agent and Registered Office shown on the records of 1401 BRICKELL AVENUE	the Florid	a Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 500	ADDRES.	<u>2)</u>		
	MIAMI . FI	33131		<del></del>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  9300 S DADELAND BLVD	CVC -	Tarak	xoubs, \$ Co., LLC	
	NEW Registered Office Address:			SP FI	
	SUITE 600			_ 28 压	
	MIAMI	33156	i	28 MIIII	
the cha agent was/w the art Signa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the dure of a member of authorized representative of a member by accept the appointment as registered agent and agreement	f the reg ability c of the lin limited	istered offi ompany, it nited liabil liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  ANTONIO GALVAO  Printed or typed name of signee macity. I further agree to comply with the	
notifie 	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing paths change.	perform d for in hereby c	iance of m Chapter 6 confirm the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	