

L10000003631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

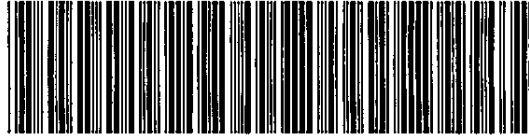
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TALLAHASSEE, FLORIDA

N. C. G. DEC 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAVARRO HERNANDEZ, P.L.

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:

Luis F. Navarro

Name of Person

Navarro Hernandez, P.L.

Firm/Company

P.O. Box 34-7650

Address

Coral Gables, FL 33234

City/State and Zip Code

Lou@NHLAWPL.COM

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

For further information concerning this matter, please call:

Luis F. Navarro

Name of Person

at (305) 4242625

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

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.

2. (a) <u>2151 S. LeJeune Road,</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>Suite 300</u> <u>Coral Gables FL 33134</u>	(b) <u>2151 S. LeJeune Road</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>Suite 300</u> <u>Coral Gables FL 33134</u>
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4. Document number

_____, FL

Miami FL 33134

LUIS FRANK NIVARRO
Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)