## L10000040251

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



900264007979

09/08/14--01028--017 \*\*25.00



SEP 1 5 2014 C. CARROTTE ETG

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: REGATTA TECH, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.				
Please return all correspondence concer	ning this matter to the following:				
Bela Rosemberg					
Name of Person	n				
Regatta Tech, LLC					
Firm/Company					
11512 SW 148th Path					
Address					
Miami, FL 33196					
City/State and Zip	Code				
regatta.techlic@yahoo.com					
E-mail address: (to be used for fut	ure annual report notification)				
For further information concerning this	matter, please call:				
Bela Rosemberg	at ( <u>305</u> 878-7550				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRE	SS: MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	Tallallassee, Florida 32314				
Enclosed is a check for the following amount:					
<b>△</b> \$25 Filing Fee	□ \$55 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. N	ame of the limited liability company: Regatta Tech	ı, LLC					
2. (a)	11512 SW 148th Path	Œ	(b) 11512 SW 148th Path				
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	'`	•	Mailing address of limiter			
	Miami, FL 33196		Miami, F	L 33196			
		<del></del>					
	04/14/2010		L1000004	10251			
3.	Date of filing/registration in Florida	4.	<u></u>	Document number	-		
5. (a)	SRJPL LAW						
( )	Registered Agent and Registered Office shown on the records of 6303 BLUE LAGOON DRIVE	the Florida	Dept. of State	· ::			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2)				
	400						
	MIAMI , FL	33126					
(b)	GERO & EVAUL				TO LOS		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :		<b>新期</b>	至.	
	11900 BISCAYNE BLVD.					SEP -	54
	NEW Registered Office Address:				Print.	<b>30</b>	£.9
	SUITE 501					PH	£
					Angel Care	ŧ.	
	MIAMI , FL	33138			5	စာ	
the cha agent v was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability co of the lim	stered office ompany, it is sited liability	and the business of hereby confirmed the company or as other	fice of the hat the cha	regist ing <b>c</b> (s)	ered )
	dough	Bel	a Rosemb				
	ture of a member or authorized representative of a member			Printed or typed name o			
provisi the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing as this change.	ee to act perform d for in C hereby co	in this capa ance of my d Chapter 605, onfirm that t	icity. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	e to comply liar with a ument is b ompany ha	y with and ac eing fi as bee	the cept iled n
Signatu	re of Registered Agent						

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