4/0000046571

(1	Requestor's Name)					
	Address)					
. (Address)					
	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
- (Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

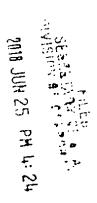
Office Use Only



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N. CAUSSEAUX JUN 2 5 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Luis Properties II, LLC.						
.,012		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	is matter to the	following:				
Mike	Luis						
	Name of Person						
Luis I	Properties II, LLC.						
	Firm/Company		_				
P.O.	Box 331410						
	Address		_				
Miam	ni, Florida 33233						
	City/State and Zip Code		_				
mike	@luiscompanies.com						
1	-mail address: (to be used for future ann	ual report notif	īcation)				
For fu	ther information concerning this matter,	please call:					
Mike	Luis	305 at (216-5612				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: registration Section vision of Corporations D. Box 6327 dlahassec. Florida 32314				
	Enclosed is a check for the following	gamount:					
	☑ \$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 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. Na	une of the limited liability company: Luis Propertie	es II, LL	.C.				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	3191 Grand Avenue, #1410	P.O. Box 331410					
	Miami, Florida 33133	_	Miami,	Florida 33233			
	April 30th, 2010		L100000)46571			
3.	Date of filing/registration in Florida	4,		Document number			
5. (a)							
	Registered Agent and Registered Office shown on the records of Mike Luis	the Florida	i Dept. of Sta	de:			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	<u>n</u>	_			
	117 Grand Avenue						
	Coral Gables FI	33133		_			
	112	·		_		; •	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		: <u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		20 1		
	Mike Luis				P. J.	<u></u>	
	NEW Registered Office Address:			_	£. ;	પ્	
	3191 Grand Avenue, #1410			_	21		
	Minnei	00400					
	Miami , FL	33133		_			
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confithe limited l	stered offic ompany, it nited liabili liability con	te and the business of is hereby confirmed the ty company or as other	fice of the reg hat the chang	gistered e(s)	
<u> </u>		Mik	e Luis	D			
I here provisi the obl to mere notified	turb of a member or authorized representative of a member by accept the appointment as registered agent and aground ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I it in writing of this change.	ree to act perform d for in G hereby c	t in this cap ance of my Chapter 60 onfirm thai	Printed or typed name of pacity. I further agree of duties, and I am fame 5, F.S. Or, if this doct the limited liability of	e to coยเทียาเ	ith the laccept og filed been	
oignatu	te of Registered Agent						