

L10000046715

(Requestor's Name)

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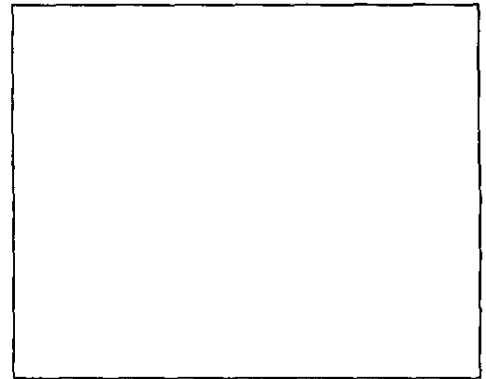
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EXAMINED

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WALK-IN

ENTITY NAME:

951 HARBOR DRIVE, LLC

CK# 5844 FOR \$ 50.00 (\$25.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE
FOLLOWING:

☐ CERTIFIED COPY

XXX STAMPED COPY

☐ CERTIFICATE OF STATUS

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Examiner's Initials

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: 951 HARBOR DRIVE, LLC

2. (a) Principal office address of limited liability company: 2665 South Bayshore Drive

(Note: **MUST BE STREET ADDRESS**) Suite 1025, Miami, FL 33133

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) 2665 South Bayshore Drive
Suite 1025, Miami, FL 33133

05/03/2010
3. Date of filing/registration in Florida

L10000046715
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Atrium Registered Agents, Inc.

Registered Office Address: 1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Micro Finance Advisors, Inc.

NEW Registered Office Address: 2665 South Bayshore Drive
(**MUST BE FLORIDA STREET ADDRESS**) Suite 1025,
Miami, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joaquin Ribadeneira
Signature of a member or authorized representative of a member

Joaquin Ribadeneira, President

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Joaquin Ribadeneira
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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