## 11000050638

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
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D. SCOTT FEB 1 0 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	2600 CARDENA	STREET,	, LL	С				
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Of	Tice Change	and	fee(s) are submitted for filing.				
Please	return all correspondence concerning to	his matter to	the	following:				
Bland	ca Guerrero							
_	Name of Person			<del></del>				
2600	Cardena Street, LLC							
	Firm/Company	,						
2600	Cardena Street, PH4							
	Address			<del></del>				
Cora	Gables, Florida 33134							
	City/State and Zip Code			<del>_</del>				
marti	ntpettitjd@gmail.com				_			
E	E-mail address: (to be used for future an	nual report n	otifi	ication)	TAL SEC SEC			
For fu	rther information concerning this matter	r, please call:	:		語るより			
Marti	n T. Pettit	323		244-9319	Mind on the			
	Name of Person			Area Code & Daytime Teleph	one Number =			
	STREET/COURIER ADDRESS:			AILING ADDRESS:	15 to			
Registration Section Registration Section Division of Corporations Division of Corporations								
	Clifton Building P.O. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	llahassee, Florida 32314				
Enclosed is a check for the following amount:								
	□ \$25 Filing Fee	Z	\$5	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.	Na	me of the limited liability company: _	2600 Carden	a Stre	et, LLC	
2.	(a)			(b	)	
		Principal office address of limited liab (Note: MUST BE STREET AD		- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2600 Cardena Street, PH4		_	Same	
		Coral Gables, Florida 33134		_		
		05/11/2010			L10	000050638
3.		Date of filing/registration in I	Florida	4.		Document number
5.	(a)	Maria Arriola Velez				
٠.	(ω)	Registered Agent and Registered Office shown	on the records of th	e Florida	Dept. of Sta	te:
		Registered Office Address (MUST BE FL)  35 Almeria Avenue	ORIDA STREET AI	DDRESS.	<u>1</u>	_
		Coral Gables		3134		_
	(b)	Enter name of <u>NEW Registered Agent</u> and/or Martin T. Pettit	NEW Registered C	Office add	Iress:	- 
		NEW Registered Office Address:				1
3851 West S		3851 West State Road 84 #202	e Road 84 #202			FILED FILED
		Fort Lauderdale	, FL_	3312-	8818	
the age wa the	cha ent v s/we arti	inge or changes are made, the Florida s will be identical. Or, in the case of a Fl ere authorized by an affirmative vote of cles of organization or the operating ag	treet address of t orida limited liat f the members of greement of the li	he regis bility co the lim imited l	tered offic mpany, it ited liabili	• •
<u>_</u>	Signa	ture of a member or authorized representative o	f a member	Diai	Guei	Printed or typed name of signee
I he to no	nere ovisi obi mer tifie		J J	e to act perform for in C ereby co	in this cap ince of my Thapter 60 onfirm thai	pacity. I further agree to comply with the adules, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been

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