## L10000075217

	· ·
(Requestor's Name)	
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PICK-UP WAIT MAIL	;
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  Per Monica - Chs.  New Reg. officu + Mgn.  add cess to 2055 S. Layen,  ste. 802 - Cral Cables - F.	1283 1334



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M. MILLIGAN MAY 1 5 2018

## **COVER LETTER**

Division of Corporations	
Espino Law, PL	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Monica Espino	
Name of Person	<del></del>
Espino Law, PL	
Firm/Company	
2655 S. LeJeune Road, Suite 802	
Address	<del></del>
Coral Gables, FL 33134	
City/State and Zip Code	<del></del> -
me@espino-law.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Monica Espino 3	05 778-4317
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
■ \$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.

i. Na	me of the limited liability company: Espino Law,	PL	
2. (a)	2655 S. LeJeune Road, Suite 802	(b) 2655 S.	LeJeune Road, Suite 802
(., , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Coral Gables, FL 33134	Coral G	ables, FL 33134
3.	7/16/2010  Date of filing/registration in Florida	4.	100000 75217 Document number
5. (a)	Monica Espino, Esq.  Registered Agent and Registered Office shown on the records of		_
	Registered Office Address (MUST BE FLORIDA STREET) 2250 SW 3rd Avenue, 4th Floor	ADDRESS)	- <b>3</b> 50 54 5.
	Miami . FI	<sub>L</sub> 33129	Sign Sign
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Monica Espino, Esq.  NEW Registered Office Address:	d Office address:	TON OF STATE
If the li	2655 5. Le Jeune Rd., Floral Cables, Florited liability company is not organized under the la	L 33134	- - orida it is hereby confirmed that after
the cha agent w was/we the arti- Signat	ringe or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members cless of organization or the operating agreement of the ture of a member or authorized representative of a member over accept the appointment as registered agent and agreement of the appointment as registered agent and agreement of the appointment as registered agent and agreement of the appointment as registered agent and agreement agre	f the registered office iability company, it is of the limited liability company.  I imited liability company.  Mgg	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany.  Printed or typed name of signee  pacity. I further agree to comply with the
provision the oblination mere notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I improve this change.	e performance of mŷ ed for in Chapter 60, hereby confirm that	duties, and I am Jamiliar with and accept 5, 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