

L100000089047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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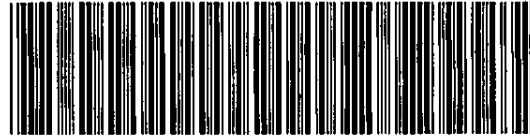
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE FLORIDA

CRM
10-24-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8750 PONCE, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANAMARIA GOMEZ

Name of Person

TMF- GROUP

Firm/Company

1221 BRICKELL AVE

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ANAMARIA.GOMEZ@TMF-GROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAMARIA GOMEZ

Name of Person

at (**305**)

3771200

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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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14 OCT 15 AM 11:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: 8750 PONCE, LLC.

2. (a) 2320 PONCE DE LEON BLVD.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

CORAL GABLES, FL 33134

(b) 2320 PONCE DE LEON BLVD.

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

CORAL GABLES, FL 33134

08/24/2010

3. Date of filing/registration in Florida

L10000089047

4. Document number

5. (a) VITA, OSCAR J

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2320 PONCE DE LEON BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES

, FL 33134

(b) DENNIS P. DAY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8750 PONCE DE LEON ROAD

NEW Registered Office Address:

Miami

, FL 33143

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.

DENNIS P. DAY

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 605, 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.

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
14 OCT 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA