## L1000093043

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



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SECRETARY OF STATE FALLWHASSEE, FLORIDA

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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  | •  |
|--|--|
| +=   | O REALTY LLC ed 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 n   | matter to the following:   |
| WEILERAS, BETINA S.  Name of Person  | ·.   |
| SPAZIO REALTY LLC Firm/Company   |  |
| 20900 NE 30th Ave, 8th floor   |  |
| Aventura , Florida 33180 City/State and Zip Code   | OIZ JAN -9 PA  |
| betina@spaziorealty.com E-mail address: (to be used for future annual report notificati  | FLORIDE CONTRACTOR OF STATE OF |
| For further information concerning this matter, ple  | ease call:   |
| Betina S. Weileras at (  | 786 ) 271-1278  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 amo  | ount:  |
| \$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 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:  | SPAZIO REALTY LLC  |
|--|--|
| 2. (a) Principal office address of limited liability company   | 17070 Collins Ave, suite 265   |
| (Note: MUST BE STREET ADDRESS)   | Sunny Isles, Florida , 33160   |
| (b) Mailing address of limited liability company:  | 20900 NE 30th Ave, 8th floor   |
| (Note: MAY BE POST OFFICE BOX)   | Aventura, Florida, 33180   |
| 09/03/2011   | L10000093063   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on t   | he records of the Florida Dept. of State:  |
| Registered Agent:  | Weileraser Betina S.   |
| Registered Office Address:   | 17070 Collins Ave, suite 265 Sunny Isles, Florida 33160  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :   | V Registered Office address: STANDARD S |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 20900 NE 30th. Ave, 8th floor  |
|  | Aventura ,FL33180  |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fleand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  Weileras, Betina S. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization   |
| Printed or typed name of signee  |  |
| I hereby accept the appointment as registered agent and ag<br>comply with the provisions of all statutes relative to the pro<br>and I am familiar with and accept the obligations of my pos<br>Chapter 608, F.S. Or, if this document is being filed to mer<br>address, I hereby confirm that the limited liability company  | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.   |
| Division of Corporations, P.O. Box 632   | 7, Tallahassee, FL 32314   |

**FILING FEE: \$25.00** 

INHS18 (05/08