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**EXAMINER** 



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

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2. (CORPORATE NAME	:)	(DOCUMENT #)	
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Examiners Initials

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New Registered Agent's Signature, if changing Registered Agent:

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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PETRONIO, MARCELO LUIS	BECC WEST FLAGLER ST STE B-208	— <b>□</b> Add
		TACTORY & B. C.	Remove —
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-			Add Remove
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If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary)	
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