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To: Division of Corporations  
Fax Number : (850) 617-6393

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: GN@ATTORNEYMIAMI.COM

**LLC REGISTERED AGENT CHANGE  
VILLA REGINA 1208, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAY 24 2017

**S. YOUNG**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VILLA REGINA 1208, 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:

Alexis Koratich

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

gn@attorneymlami.com

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

For further information concerning this matter, please call:

Alexis Koratich

at (305)

381-8108

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 23 AM 11:31

# 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: VILLA REGINA 1208, LLC
2. (a) 135 San Lorenzo Ave., PH 840  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Coral Gables, FL 33146
- (b) 135 San Lorenzo Ave., PH 840  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Coral Gables, FL 33146
3. 10/22/2010  
Date of filing/registration in Florida
4. L10000110631  
Document number
5. (a) CASTILLO B., ALVARO P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1390 BRICKELL AVENUE, SUITE 200  
Registered Office Address: (Note: MUST BE FLORIDA STREET ADDRESS)  
Miami, FL 33131
- (b) Geoffrey M. Wayne, P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
135 San Lorenzo Ave., PH 840  
NEW Registered Office Address:  
Coral Gables, FL 33146

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.

Signature of a member or authorized representative of a member

Luis Marquez

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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 23 AM 11:31