

L10000012288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

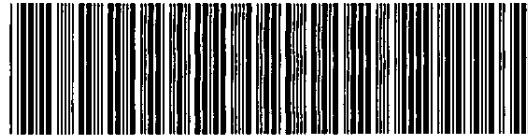
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300210325423

08/01/11--01030--004 **50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 AM 10:10

T. HAMPTON

AUG - 2 2011

EXAMINER

COSTA COURIER, LLC
5558 NW 79 AVE
DORAL, FL 33166

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: Costa Courier LLC

2. (a) Principal office address of limited liability company: 5558 NW 79 Ave

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

10/27/2010

LP10000112288

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Dalila Gonzalez

Registered Office Address: 5558 NW 79 Ave
Doral, FL 33178

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Andres Pineda

NEW Registered Office Address: 5558 NW 79 Ave
(MUST BE FLORIDA STREET ADDRESS) Doral, FL 33178

FL

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.

Andres Pineda
Signature of a member or authorized representative of a member

Andres Pineda
Printed or typed name of signee

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.

Andres Pineda
Signature of Registered Agent

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

FILING FEE: \$25.00