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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: Tanyeff LL Name of Limi	C ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Termin Suarez		
Firm Company 900 Biscayne Blud. H Address		
Miami FL 33132 City/State and Zip Code		
termin Suareze gmail. E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call:		
Fermin Suarez at ()	186) 8725809 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	S55 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 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: \(\sum_{\text{COU}} \)	1efe LLC
2. (a) GOO Biscagne Blud. #18 Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) — HIGHI FL 33132	
12/02/2010	L10000123825
5. (a) Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the reco	4. Document number
900 Biscayne B Registered Office Address MUST RE FLORIDA STA	No. 4-1806 REET ADDRESS)
(b) YEFFER A. SUAYE Enter name of NEW Registered Agent and/or NEW Reg	
900 Biscagne Bluc NEW Registered Office Address: Miami	1. # 1806
1100011	.FL_33132
the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida limit	the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the registered ited liability company, it is hereby confirmed that the change(s) above of the limited liability company or as otherwise provided in of the limited liability company.
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con the obligations of my position as registered agent as pr to merely reflect a change in the registered office addressible in writing of this change. Signature of Registered Agent	Printed or typed name of signee nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been