211000007626

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(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:	
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A. LUNT

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EXAMINER

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COVER LETTER,

TO: Registration Section Division of Corporations	
SUBJECT: 330 NW 25. Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
marco Dessimone Name of Person	
Firm/Company	
2311 SW 24 ST.	PH DEC -9
Address	in
miami Fl. 33145	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this n	natter, please call:
marco Dessimone Name of Person	at (305) 915-7509 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 follo	wing amount:
\$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: 330 N	W 25 AVE LLC
2. (a) Principal office address of limited liability compa	ny: 330 NW 25 AVE.
(Note: MUST BE STREET ADDRESS)	miami FL 33
(b) Mailing address of limited liability company:	Po Box 45-0392
(Note: MAY BE POST OFFICE BOX)	miami F1. 33245
3. Date of filing/registration in Florida	L11000007626 4. Document number
5. (a) Registered Agent and Registered Office shown on	n the records of the Florida Dept. of State:
Registered Agent:	arquez: marcelo-Robaina. P.A.
Registered Office Address:	6505 BLUE LAGOON Drive SUHE 130 migmi Fl. 33126 U.S.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	EW Registered Office address: Marco Dessimont
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2311 SW 24 St. migmi F(. 33/45 US
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	"FL
Signature of a member or authorized representative of a member	<u> </u>
MARCO Dessimone Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F,S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity I further agree to roper and complete performance of the dutien position as registered agent as provided for interest reflect a change in the registered office my has been notified in writing of this change
Signature of Registered Agent	