

L110000012193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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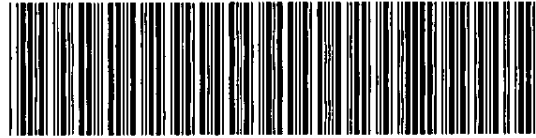
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 09 2016  
J BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Western Hemisphere Strategies, 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:

Lincoln Diaz-Balart

Name of Person

Western Hemisphere Strategies, LLC

Firm/Company

999 Ponce de Leon Blvd., Suite 520

Address

Coral Gables, FL 33134

City/State and Zip Code

yanik@whemisphere.com

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

For further information concerning this matter, please call:

Lincoln Diaz-Balart

Name of Person

at ( 305 )

377-8814

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

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TALLAHASSEE, FLORIDA

**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: Western Hemisphere Strategies, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

999 Ponce de Leon Blvd. Ste. 520

Coral Gables, FL 33134

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

999 Ponce de Leon Blvd. Ste. 520

Coral Gables, FL 33134

1/28/2011

L11000012193

3. Date of filing/registration in Florida

4. Document number

5. (a) Lincoln Diaz-Balart

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lincoln Diaz-Balart

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

501 Brickell Key Drive, Suite 602

Miami, FL 33131

(b) Lincoln Diaz-Balart

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

Lincoln Diaz-Balart

**NEW** Registered Office Address:

999 Ponce de Leon Blvd., Suite 520

Coral Gables, FL 33134

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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

Lincoln Diaz-Balart

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 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