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(Requestor's Name) (Address) (Address)	600331557426	
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COVER LETTER

TO: Registration Section Division of Corporations

Adrian Homes Realty, LLC SUBJECT:

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:

Maria J. Cervantes

Name of Person

SMGQ LAW

Firm/Company

201 Alhambra Circle, Suite 1205

Address

Coral Gables, FL 33134

City/State and Zip Code

mcervantes@smgqlaw.com

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

For further information concerning this matter, please call:

Roland Sanchez-Medina

377-1000

305

at (

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)

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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.

2. (a)	me of the limited liability company: Adrian Home 13687 SW 26 St.	(b)	Samo
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33175		(<u></u>
	02/04/2011		
	02/04/2011 Date of filing/registration in Florida	4	L11000015654 Document number
	Olga Adrian	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	13687 SW 26 ST.		
	Miami	33175	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>d Office addres</u> :	s: ja
	Registered Corporate Services LLC		
	NEW Registered Office Address:		
	201 Alhambra Circle, Suite 1205		
	Coral Gables	L_33134	
he cha gent w vas/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited h ere authorized by an affirmative vote of the members desof organization of the operating agreement of the une of a member or authorized representative of a member	f the registere iability comp of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
rovisii he obli 5 mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e performance ed for in Chaj	e of my duties, and I am familiar with and acce pter 605, F.S. Or, if this document is being file

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00