

L110000055126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

JUN 03 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATRIX TT3, 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:

RAQUEL DAWSON, CPA

Name of Person

DAWSON & ASSOCIATES, C.P.A., P.A.

Firm/Company

3250 MARY STREET, SUITE 301

Address

MIAMI, FL 33133

City/State and Zip Code

RDAWSON@FLACPA.COM

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

For further information concerning this matter, please call:

RAQUEL DAWSON

Name of Person

at (305)

443-1500

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

16 MAY 31 PM 5:09

SECRET
STATE
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: MATRIX TT3, LLC
2. (a) 15811 COLLINS AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
UNIT 3307
SUNNY ISLES, FL 33160
- (b) 15811 COLLINS AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
UNIT 3307
SUNNY ISLES, FL 33160

3. 05/10/2011 Date of filing/registration in Florida
4. L11000055126 Document number

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

8700 WEST FLAGLER STREET
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
SUITE 170
MIAMI, FL 33174

- (b) RAQUEL DAWSON, CPA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3250 MARY STREET, SUITE 301
NEW Registered Office Address:
MIAMI, FL 33133

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]
Signature of a member or authorized representative of a member

GASTON CRUZAT LARRAIN

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]
Signature of Registered Agent

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

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TALLAHASSEE, FL 32310
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