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O SIMMONS JUL 1 () 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernesto S. Delgado

Name of Person

16647 Holdings, LLC

Firm/Company

7665 SW 88 Ct

Address

Miami, FL 33173

City/State and Zip Code

ernie2366@gmail.com

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

r

For further information concerning this matter, please call:

Ernesto S. Delgado	305 979-2468
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee. Florida 32314
Tallahassee, Florida 32301	

2 \$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 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.

L Na	ame of the limited liability company: <u>1664</u>	17 Holding	s, LLC			
2. (a)	7665 SW 88 Ct., Miami, FL 33173		(b)	7665 SV	SW 88 Ct., Miami, FL 33173	
. ()	Principal office address of limited liability of (Note: MUST BE STREET ADDRES		_ (")	-	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			_			
	6/3/2011		I	_1100006	65335	
3.	Date of filing/registration in Florid	da	4.		Document number	
5. (a)	Arazoza & Fernandez-Fraga, P.A.					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2100 Salzedo St					
	Registered Office Address (MUST BE FLORID Suite 300	A STREET AL	<u>DDRESS)</u>			
(b)	Coral Gables	. FL	33134		TAL SEC	
	Ernesto S. Delgado			FILED SINTE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	<u>V Registered (</u>	Office add	<u>ress</u> :	Han E O	
	7665 SW 88 Ct				9	
	NEW Registered Office Address:				in St	
	Miami	FL_	33173			
the cha agent y was/we	imited liability company is not organized ur ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreen	address of t a limited lial members of	the regist bility con the limi	tered office mpany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	14D			esto S. D	elgado	
Signa	ture of a member or authorized representative of a me	mber			Printed or typed name of signee	
provisi the obi to mer-	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent ely reflect a change in the registered office of d in writing of this change.	nt and agre d complete p as provided address, 1 h	e to act performa for in C ereby co	in this cap ince of my d hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent

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

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