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(Requestor's Name)						
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SECRETARY OF STATE

O SIMMONS

COVER LETTER

то:	Registration Section Division of Corporations		*			
SUBJE	1315 Holdings, LLC					
501701	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to the	following:			
Ernes	sto S. Delgado					
	Name of Person	1				
1315	Holdings, LLC					
	Firm/Company		_			
7665	SW 88 Ct					
	Address		<u> </u>			
Miami	i, FL 33173					
	City/State and Zip Code		_			
ernie2	2366@gmail.com					
Е	-mail address: (to be used for future ann	ual report noti	fication)			
For fur	ther information concerning this matter,	please call:				
Ernes	to S. Delgado	305 at (, 979-2468			
-	Name of Person	<u> </u>	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

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.

(a)	7665 SW 88 Ct., Miami, FL 33173	(t	7665	SW 88 Ct., Miami, FL 33173
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6/3/2011	_	L11000	0065934
	Date of filing/registration in Florida	4.		Document number
(a)	Arazoza & Fernandez-Fraga, P.A.			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat			State
	2100 Salzedo St			#6
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 300			SECRET FIL
	Coral Gables	33134		
(0)	Ernesto S. Delgado Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	FILED M 9: 59 JUL-6 M 9: 59 ALLANDSSEE, FLORIDA
	7665 SW 88 Ct			
	NEW Registered Office Address:			
	Miami, FL.	33173		 -
cha: ent w s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginality economics the lim	stered of impany, ited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Mela	Ern	esto S.	Delgado
	ture of a member of authorized representative of a member			Printed or typed name of signee
ovisio 2 obli mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I k I'in writing of this change.	ee to act perform I for in C tereby co	in this c unce of n Thapter (onfirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filea at the limited liability company has been

Signature of Registered Agent