## 111000083702

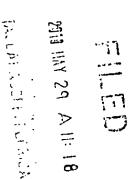
(Requestor's Name)					
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(City/State/Zip/Phone #)					
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## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division	of Corporations						
SUBJECT: Mic	calef & Company, LLC						
30b0LC1	Name of Limited Liability Company						
Dear Sir or Mada	am:						
The enclosed Reg	gistered Agent/Registered Office	Change and	fee(s) are submitted for fili	ng.			
Please return all	correspondence concerning this r	natter to the i	following:				
Nicole Galego	)						
	Name of Person		_				
Galego Law G	Group						
	Firm/Company		_				
232 Andalusia	a Avenue, Suite 202		<u></u>				
	Address			:11	ત્ર્		
Coral Gables,	FL 33134				11 EX		
	City/State and Zip Code		_			g 	
nicole@galeg	olaw.com				29 /	: 1	
E-mail add	ress: (to be used for future annua	l report notifi	cation)	:	> =		
For further inform	mation concerning this matter, pl	ease call:		٠.	~		
Nicole Galego	1	305	444-9000				
1	Name of Person	`	Area Code & Daytime Te	lephone N	Vumber		
Registrat Division Clifton E 2661 Exe	T/COURIER ADDRESS:  ion Section of Corporations Building ecutive Center Circle see, Florida 32301	Reg Div P.C	dilling ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314				
Enclosed	d is a check for the following ar	nount:					
<b>☑</b> \$25 Fi	iling Fee	<b>□</b> \$5	5 Filing Fee & Certified Co	ру			

## 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.

(b) 170 Ocean Lane Drive  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  #312  Key Biscayne, FL 33149
Key Biscayne, FL 33149
L11000083702
4. Document number
of the Florida Dept. of State:
ET ADDRESS)
, FL 33149
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
tered Office address:
_, FL_33134
he laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.  Maria Laura Maltese  Printed or typed name of signee  and agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar and acceptant is hair a filler.
nd agree to act in this capacity. I further agree to compty with the nplete performance of my duties, and I am familiar with and accept rovided for in Chapter 605, F.S. Or, if this document is being filed test, I hereby confirm that the limited liability company has been