## 111000090041

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	REVO SOCCER DORAL, LLC.				
SUBJECT	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	llowing:		
JORGE E	SPINOSA				
	Name of Person		-		
REVO SO	CCER DORAL, LLC.				
**	Firm/Company		-		
10395 NV	/ 41 ST. # 101				
	Address		-		
DORAL, F	FLORIDA 33178		·		
	City/State and Zip Code		-		
jorge@rev	osoccer.com				
E-mail	address: (to be used for future anr	nual report notific	ation)		
For further is	nformation concerning this matter,	, please call:			
JORGE E	SPINOSA	786	493-7167 & 305-717-0020		
	Name of Person	u (	Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	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 Fili			Filing Fee & Certified Copy		
INHS18 (2/14	1)				

## 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. N	ame of the limited liability company: REVO SOCO	ER DOR	AL, LLC.
2. (a)	10395 N/M/Δ1 ST #101 DORΔL FL 33178	3 (h)	10395 NW 41 ST. #101. DORAL, FL. 331
_, (,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2	08/05/2011  Date of filing/registration in Florida	<del>-</del>	11000090041  Document number
3.	SANCHEZ OSCAR	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET. 8258 NW 108 th PL. APT # 102	ADDRESS)	——————————————————————————————————————
	DORAL	33178	7 SEP
(b)	JORGE ESPINOSA  Enter name of NEW Registered Agent and/or NEW Registered  10395 NW 41ST STREET	l Office addre	29 N 9 ARY OF STA
	NEW Registered Office Address:		23
	SUITE 101		
	MIAMI . FL	_33178	
the chagent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member of authorized refresentative of a member and agriculture of a member and agriculture of all statutes relative to the proper and complete acidinations of my position as registered agent as provide rely reflect a change in the registered office address. I are of registered office address. I are of registered of the proper and complete and in writing of this planage.	ws of the Softhe register ability compof the limited lia	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Rinted or typedname of signee

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