L11000114003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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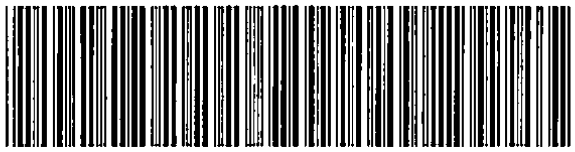

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C. GOLDEN

SEP 14 2019

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** NUBA BROTHERS 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:

ALICA VIGNALE
Name of Person

Firm/Company

9241 COLLINS AVE APT 1A
Address

SURFSIDE - FL - 33154
City/State and Zip Code

alicavignale@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICA VIGNALE at (_____) 646-725-1807
Name of Person 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

[NTIS18 (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*

1. Name of the limited liability company: NUBA BROTHERS LLC

2. (a) 5401 COLLINS AVE
Principal office address of limited liability company
*(Note: MUST BE STREET ADDRESS)*
# 1574 - MIAMI BEACH
FL 33140

(b)
Mailing address of limited liability company
*(Note: MAY BE POST OFFICE BOX)*

3. 10/05/2011
Date of filing registration in Florida

4. L11000114003
Document number

5. (a) ARELLANO GINA
Name of New Registered Agent and/or NEW Registered Office address
5401 COLLINS AVE
NEW Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
# 102
MIAMI BEACH FL 33140

(b) NUCA VIGNALE
Name of NEW Registered Agent and/or NEW Registered Office address
9241 COLLINS AVE APT 1A
NEW Registered Office address
SURFSIDE FL 33154

FL

2019 SEP -3 AM 10:57

FILED

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 of a member or authorized representative of a member — 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 of Registered Agent

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