

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| L. SELLERS                              |  |  |  |
| DEC 1 2011                              |  |  |  |

Office Use Only

**EXAMINER** 



000214566600

450 March

11/30/11--01012--006 \*\*25.00

SEGRETARY OF STATE ALLAHASSEE, FLORIDA



## **COVER LETTER**

| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |
|     |                          |

| SUBJECT: MIA BALOS, 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 ma  | atter to the following:   |  |  |
| ALAIN UANES, CP  | <u>A</u>  |  |  |
| Firm/Company   |   |  |  |
| 1385 CORAL WAY, STE  | 403   |  |  |
| MIAMI, FL 33145<br>City/State and Zip Code   |   |  |  |
| E-mail address: (to be used for future annual report notification)   |   |  |  |
| For further information concerning this matter, please call:   |   |  |  |
| ALAIN JANES at (   | 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   | unt:  |  |  |

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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

Signature of Registered Agent