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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bi	usiness Entity Nar	ne)
	-	
· (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/27/13--01010--003 **25.00





Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

12/19/2013 **FLORIDA**

REP UNIT:

9716 FARRAGUT LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24666 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

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.

1. Name of the limited liability company: 9716 FA	RRAGUT LLC		
2. (a) Principal office address of limited liability comp	4040 Dade Assessed		
(Note: MUST BE STREET ADDRESS)	Miami Beach, FL 33139		
()			
(b) Mailing address of limited liability company:	1940 Park Avenue		
(Note: MAY BE POST OFFICE BOX)	Miami Beach, FL 33139		
12/27/2011	L11000144344		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State;		
Registered Agent:	Adrian Alexandru		
Registered Office Address:	1940 Park Avenue		
	Miami Beach FL 33139		
(1) T			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>			
NEW Registered Agent:	Capitol Corporate Services, Inc.		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A		
(MUSI BE I LOMDA SIREEL APPRISS)	Tallahassee , FL 32301		
If the limited liability company is not organized under t	he laws of the State of Florida, it is hereby		
confirmed that after the change or changes are made, the and the business office of the registered agent will be id	lentical. Or, in the case of a Florida limited 🌽 →		
liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any.		
or the operating agreement of the limited liability comp	any.		
Signature of a member or authorized representative of a member			
ADRIAN ALEKANDRU			
Printed or typed name of signee	- Con - yang		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties; position as registered agent as provided for in		
chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	merety reflect a change in the registered office any has been notified in writing of this change.		
Signature of Registered Agent Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			
Division of Corporations, P.O. Box			
FILING FEE: \$25.00			

INHS18 (05/08)