

L11000144857

Florida Department of State
Division of Corporations
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Account Name : NEIMAN & INTERIAN, PLLC
Account Number : I20180000010
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LLC REGISTERED AGENT CHANGE FONTE IMMIGRATION FIRM, P.L.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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: FORTE IMMIGRATION FIRM, P.L.
2. (a) 901 PONCE DE LEON BOULEVARD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 601
CORAL GABLES, FLORIDA 33134
- (b) 901 PONCE DE LEON BOULEVARD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 601
CORAL GABLES, FLORIDA 33134
3. 12/28/2011
Date of filing/registration in Florida
4. L11000144857
Document number
5. (a) LAMONT NEIMAN & INTERIAN, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NEW WORLD TOWER-SUITE 801
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
100 N. BISCAYNE BLVD.
MIAMI, FL 33132
- (b) NEIMAN & INTERIAN, PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2020 PONCE DE LEON BOULEVARD
NEW Registered Office Address:
SUITE 1005B
CORAL GABLES, FL 33134

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]
Signature of a member or authorized representative of a member

KARI A. FORTE
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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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