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COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Mirada II, LLC	11.11	
Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Michael C. Chrys		
Name of Person		
Mirada II, LLC		
Firm/Company		
P.O. Box 341769		
Address		
Tampa, Florida 33694		
City/State and Zip Code		
mcmcc705@gmail.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	1:	
Jacqueline M. Rockwell, Esquire at (at (at (3 221-2626	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☑.\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (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. N	ame of the limited liability company: Mirada II, LI	LC		
2. (a)	5011 Mirada Drive	(b)	P.O. Box 341769	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa, Florida 33624	<u> </u>	Tampa, Florida 33694	
	January 10, 2012		L1000004624	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Michael C. Chrys			
. ,	Registered Agent and Registered Office shown on the records of 5011 Mirada Drive	of the Florida I	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE) Tampa, Florida 33624	T ADDRESS)	<u>u</u>	
	, F	FL		
(b)	Burr & Forman, LLP			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	dress:	
	c/o Jacqueline M. Rockwell, Esquire	B-880 (BU)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	NEW Registered Office Address:		ro in	; - ŋ
	201 N. Franklin Street, Suite 3200			
	Tampa,ı	FL_33602	EH 21.	J
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticke of organization or the operating agreement of the case.	of the registe liability cons of the limit	stered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	red
		Mich	chael C. Chrys, Manager	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple ligations of my position as registered agent as provide rely reflect a change in the registered office address, at in writing of this change.	igree to act i ite performan ded for in Cl I hereby con	t in this capacity. I further agree to comply with ance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fi onfirm that the limited liability company has been	he ept led 1
Signat	wood projectered agent Jacqueline M. Rockwell F	TOK THE FI	Irmas Registed Agent	

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

INHS18 (2/14)