L12000035677

| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Čit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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2017 JUN 13 PH 4: 40
SECRETARY OF STATE

K. SALY JUN 1 4 2017

COVER LETTER

| | istration Section sion of Corporations | | | |
|---|--|---|--|--|
| SUBJECT: | Denarius LLC | | | |
| 00202011 | Nar | ne of Limited Liability Company | | |
| Dear Sir or M | Madam: | | | |
| The enclosed | d Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. | | |
| Please return | n all correspondence concerning th | is matter to the following: | | |
| Jeanne Fi | uentes Lopez | | | |
| | Name of Person | | | |
| Fowler Wh | nite Burnett, P.A. | | | |
| | Firm/Company | | | |
| 1395 Brick | kell Avenue, Suite # 1400 | | | |
| | Address | | | |
| Miami, Flo | orida 33131 | | | |
| ······································ | City/State and Zip Code | | | |
| - | pez@fowler-white.com | | | |
| E-mail | address: (to be used for future and | nual report notification) | | |
| For further in | nformation concerning this matter | please call: | | |
| Jeanne Fu | ientes Lopez | 305 789-9269 | | |
| | Name of Person | Area Code & Daytime Telephone Number | | |
| Regi Divi: Clift 2661 | stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | | |
| 2 \$2 | 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: Denarius LL | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
|--|--|-------------------------------------|---|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) c/o 1395 Brickell Avenue, 14th Floor (JFL) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5 Brickell Avenue, 14th Floor (JFL) |
| | Miami, Florida 33131 | _ | Miami, F | Florida 33131 |
| | 03/13/2012 | | L1200003 | 35677 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of Corporate Management Inc Registered Office Address (MUST BE FLORIDA STREET) 16321 SW 78th Terrace Miami , FI | 3319 | 3 | 2017 JUN 13 PH 4: 40 2017 JUN 13 PH 4: 40 SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| | NEW Registered Office Address: 1395 Brickell Avenue, Suite # 1400 (JFL) | | | NTE DA |
| | Miami , FI | 3313 | 1 | |
| the cha agent v was/we the arti | imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of organization or the operating agreement of the cure of a member of authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. | ws of the repability of the limited | ne State of Flo gistered office company, it is mited liability I liability com eanne Fuent | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. tes Lopez Printed or typed name of signee |
| Signatui | re of Registered Agent Division of Corporations • P.O. 1 | 30x 63° | 27● Tallahaes | see. FL 32314 |
| | FILING F | | | oo, i n dedit |