L12000037586

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u></u>
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
AND A HASSEE, FLORIDA

MAY - 8 2013

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COVER LETTER

TO: Registration Section Division of Corporations		
Derougar LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are	submitted for filing
The enclosed Registered Agent Registered	office change and rec(s) are	submitted for ming.
Please return all correspondence concerning	this matter to the following:	
Lorenzo Moll		
Name of Person		
Moli Parron PLLC		5. <u>~</u>
Firm/Company		
1000 Brickell Avenue, Suite 400		2013 MAY - 7 PM 1:0 SEGRETARY OF STATE ALLAHASSEE, FLORIO
Address		
Miami, FL 33131		STATE STATE
City/State and Zip Code	·····	•
enriquelazaro@bellsouth.net		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this mat	ter, please call:	
Lorenzo Moll	305 373-6597	
Name of Person		ime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDR	RESS:
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 followi	ng amount:	
■ \$25 Filing Fee	□ \$55 Filing Fee &	Certified Conv

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: Derougar LLC	<u> </u>		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Of Crand Canal Drive Cuite 004		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	61 Grand Canal Drive, Suite 201 Miami, FL 33144		
	L12000037586 AF TO		
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:	Corporate Creations Network.tnc.		
Registered Office Address:	11380 Prosperity Farms Road, #221-E Palm Beach Gardens, FL 33410		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> NEW Registered Agent:	W Registered Office address: Moll Parron PLLC		
NEW Registered Office Address:	1000 Brickell Avenue, Suite 400		
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL 33131		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member of adularized representative of a member	lorida street address of the registered office		

Printed or typed name of signee

Lorenzo Moll

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 608, 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 of Registered Agent

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