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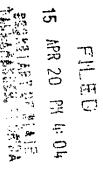
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Do	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:				
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M. MILLIGAN EXAMINER

MAY -4 2015

COVER LETTER

Division of Corporations								
L.I.Azpurua, Lic.								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this n	natter to the following:							
Lorenzo Azpurua								
Name of Person								
L.I.Azpurua Llc.								
Firm/Company								
2525 Ponce de Lon Blvd. Suite 300	•							
Address								
Coral Gables FL. 33134								
City/State and Zip Code								
liazpurua@outlook.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, ple	ease call:							
Lorenzo Azpurua	786 316 2989							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following an	nount:							
\$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.

	2525 Ponce de Leon Blvd. Suite 300			2525 Pc	nce de l'e	eon Blvo	1 Sui	ite 300	
a)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	(b) 2525 Ponce de Leon Blvd. Suite 300 Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					ty company:	
	Coral Gables FL. 33134			Coral Ga	ables FL. 3	oles FL. 33134			
	03/30/2012		L	.1200004	14816				
	Date of filing/registration in Florida	a	4.	·	Document	number			
(~)	Lorenzo Azpurua								
(a)	Registered Agent and Registered Office shown on the	records of the I	lorida l	Dept. of State	- e:				
	Registered Office Address (MUST BE FLORIDA) 80 SW. 8th St. Suite 2000	STREET ADD	(RESS)		-		<u>~</u>		
	Miami	FI 33	130		-				
b)	Lorenzo Azpurua	,			-		MPR 20		
. /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Off	ice add	ress:	_		P# 4: 0	Ö	
	NEW Registered Office Address:				-	JA.	. 		
	2525 Ponce de Leon Blvd. Suite 300	0			-				
	Coral Gables	, _{FL} 33	134		_				
cha nt v s/we arti	imited liability company is not organized undange or changes are made, the Florida street a vill be identical. Or, in the case of a Florida street authorized by an affirmative vote of the magnetic of the magnetic of a member or authorized representative of a member or authorized representative of a member of a member or authorized representative or a member or a mem	iddress of the limited liabil nembers of the ent of the lim	regist ity cor le limi	ered office npany, it is ted liability ability con	e and the bu s hereby cor y company o	siness of of as other	fice of hat the erwise	f the registe e change(s) provided	
ere visi obl nere	by accept the appointment as registered agen ions of all statutes relative to the proper and ligations of my position as registered agent a ely reflect a change in the registered office ad d in writing of this change.	nt and agree	to act i forma or in C. eby co	in this can	acity I furt	her aorei	 - 10.00	mnlv with	