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(Requestor's Name)

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(City/State/Zip/Phone #)

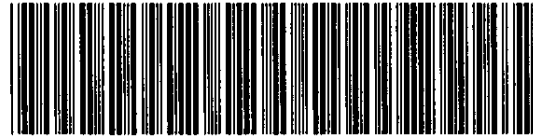☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 1 5 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heartbreak Miami LLC
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 matter to the following:

Carla Torres
Name of Person

Heartbreak Miami, LLC
Firm/Company

480 NE 30th St. Apt 1403
Address

Miami, FL 33137
City/State and Zip Code

heartbreakmiami@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Bengochea at (786) 223-9500
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 amount:

☑/$25 Filing Fee   ❑ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: __Heartbreak Miami LLC__.

2. (a) Principal office address of limited liability company: __480 UE 30th St.__
   (Note: MUST BE STREET ADDRESS) __Apt. 1403__
   __Miami, FL 33137__

   (b) Mailing address of limited liability company: __480 UE 30th St.__
   (Note: MAY BE POST OFFICE BOX) __Apt 1403__
   __Miami, FL 33137__.

__05/02/2012__   __L1200005999 6__ —

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: __Carla Torres__

   Registered Office Address: __6326 NW 113 Ct__
   __Miami, FL 33178__.

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   NEW Registered Agent: __Carla Torres__

   NEW Registered Office Address: __480 NE 30th St__
   (MUST BE FLORIDA STREET ADDRESS) __Apt 1403__
   __Miami__ ,FL __33137__

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.

__Bengochea__
Signature of a member or authorized representative of a member

__Cristina Bengochea__
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 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

INHS18 (05/08)