

L12000059541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

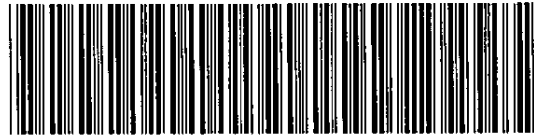
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L12-59541

FILED
14 JUN 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2014
N. CAUSSEAU



Online Banking

Full Analysis Bus Checkng - 8736: Account Activity Transaction Details

Check number: 00000002391

Post date: 06/20/2014

Amount: -25.00

Type: Check

Description: Check

NetRate LLC 1370 South State Highway, Suite 1100 Coral Gables, FL 33134	Bank of America MEMO #012012017	2391
PAY TO THE ORDER OF <i>State of Florida, Division of Corporations</i>		<i>06/20/2014</i>
<i>Twenty five dollars</i>		<i>.25</i>
MEMO <i>L100005954</i>		<i>P. Hucle</i>
#002391# 1063000049# 229044768736#		

1. THE BANK OF AMERICA IS NOT RESPONSIBLE FOR ANY LOSS OF FUNDS OR INFORMATION THAT MAY BE TRANSMITTED BY ANY MEANS, INCLUDING TELEPHONE, INTERNET, OR OTHER ELECTRONIC MEANS.	2. THE BANK OF AMERICA IS NOT RESPONSIBLE FOR ANY LOSS OF FUNDS OR INFORMATION THAT MAY BE TRANSMITTED BY ANY MEANS, INCLUDING TELEPHONE, INTERNET, OR OTHER ELECTRONIC MEANS.
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ATT Ms. Navette
3 pages
FR: NETRATE LLC
PAVEL TRUBETSKOY
305/669-5005
cell 609/751-2531
Email PAVEL@NETRATE@

07031

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETFRATE 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:

PAVEL TRUBETSKOY

Name of Person

NETFRATE LLC

Firm/Company

1390 SOUTH DIXIE HWY

Address

CORAL GABLES FL 33146

City/State and Zip Code

PAVEL@NETFRATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAVEL TRUBETSKOY

at (**609**) **751-2531**

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

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. Name of the limited liability company: NETFRATE LLC

2. (a) 1390 S DIXIE HWY STE 1309 (b) the same

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

CORAL GABLES FL 33146

05/02/2012

L12000059541

3. Date of filing/registration in Florida 4. Document number

5. (a) 1501 VENERA AVE, STE 320, PARKPLACE II
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORAL GABLES FL 33146

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

FL

(b) PAVEL TRUBETSKOY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1390 SOUTH DIXIE HWY, STE 1309

CORAL GABLES, FL 33146

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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

PAVEL TRUBETSKOY

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 605, 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

14 JUN 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED