## 4/20006/436

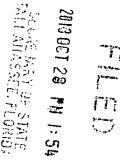
(Requestor's Name)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1075 NE 79 <sup>14</sup> Name of Limit	Sheel LLC ed 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 r	matter to the following:
MR. NICOLOS Brochorie Name of Person	2019 OCT 28
1075 NE 79th Street, LLC	THE STATE OF
270 NE 61 Street Address	<del></del>
MIGMI F1 33137  City/State and Zip Code	
MBNChirie and gmail. Com E-mail address: (to be used for future annual report notifical	tion)
For further information concerning this matter, pl	ease call:
MR. Wilcolas Brocherce at (	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

## 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: 1040	NE 80th Street, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 270 NE 61st Street Miomi, F1 33137
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	270 NE 615+ Streets miomi, FL 33/37 &
05.07.2012	112000061636 C
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Fric J Grapois, PL
Registered Office Address:	MOT Lincoln KD Site 9-1 miami Beack, 19 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address:  MR. Nicolas Brockerie
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	270 NE 615+ Street  miami FL 33137
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent