212000069410

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT . MAIL	
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer.		
	DOE 1 5 2013	
	A. LUNT	

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NSPILE Name of Limite	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 n	natter to the following:	
Carlos Hernande Name of Person MSPICE Harron LLI Firm Company	2	
1333 S. Theni KVR. 8	wite 305	2013 JUL 12
Hauf Fl. 331 City: State and Zip Code	30	IZ PH 2
momentum. Miami @ 9 me E-mail address: (to be used for future annual report of fical	ail.com	
For further information concerning this matter, ple	ease call:	
CARlos Hernandez at (214) 240 - 3197 Area Code & Daytime Telephon	e 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 am	ount:	
\$25 Filing Fee	☐ S55 Filing Fee & Certified	Сору

-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.

Name of the limited liability company: _	lucaise Nation 110
 (a) Principal office address of limited lial (Note: MUST BE STREET ADDR 	bility company: 1333 S. Miami Ave. suite 305
\	Hrani, FL, 33/30
(b) Mailing address of limited liability co	
(Note: MAY BE POST OFFICE B	110mi, FL 33130
05/23/2012	•
05 23 2012 3. Date of filing/registration in Florida	L 1200069410 4. Document number
~ ~	
5. (a) Registered Agent and Registered Off	ice shown on the records of the Florida Dept. of State:
Registered Agent:	Cordero & Associates, P.A.
Registered Office Address:	200 S. Biscarre BLVd.
	-Moui FL 33131
(b) Enter name of <u>NEW Registered Age</u>	and/or NEW Registered Office address:
NEW Registered Agent:	CARLOS Hernandez
NEW Registered Office Address:	1333 5 Miani AVE svite 305
(MUST BE FLORIDA STREET AD	Maui FL 33130
If the limited liability company is not organiz	ed under the laws of the State of Florida, it is hereby
confirmed that after the change or changes ar	re made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida lingited
iability company, it is hereby confirmed that	the change(s) was/were authorized by an attimulative vote of or as otherwise provided in the articles of organization or ty company.
the operating apreement of the limited liability	ty company.
signature of a member and forized representative of a me	moer P
CARLOS Hernande	
Printed or typed name of signee I hereby accept the appointment as registere	ed agent and agree to act in this canacity. I further agree to
comply with the probisions of all statules rela and I am familiar with and accept the obliga	ative to the proper and complete performance of my duties, tions of my position as registered vient as provided for in
Chapter 608, F.S. Or, if this document is be activess, I hereby confirm that the limited ba	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office builty company has been notified in writing of this change.

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

Signature of Reg