12000100453

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

Division of Corporations			
HIERROPAR LLC SUBJECT:			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
JOEL L. PORRUA			
Name of Person			
HIERROPAR LLC			
Firm/Company			
12781 MIRAMAR PKWY SUITE 303			
Address			
MIRAMAR FL 33027			
City/State and Zip Code			
UNITEDHOLDINGSINC@GMAIL.COM			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter.	please call:		
JUAN OSCAR SANCHEZ	954 8855042		
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 (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.

I. Na	ume of the limited liability company: HIERROPAR	RLLC	
2. (a)	12781 MIRAMAR PKWY SUITE 303	(b)	
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIRAMAR FL 33027		
	08/06/2012	 L	12000100453
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JOEL L PORRUA		
` '	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:
	12781 MIRAMAR PKWY SUITE 303		ਤ ਾ ≓
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	TO NO TO
	MIRAMAR , FI	33027	FILED NOV 28 PH
(1.)			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	JUAN OSCAR SANCHEZ		$\boldsymbol{\omega}$
	NEW Registered Office Address:		
	12781 MIRAMAR PKWY SUITE 303		<u> </u>
	MIRAMAR, FI	33027	
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registe ability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	etter	JOEL	. L PORRUA
I herel provisi the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	-performan	ce of my duties, and I am familiar with and accept