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Office Use Only



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SECRETARY OF STATE

K. SALY EXAMINER JUL 3 1 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>C'ARIBE ART</u> Name of Limited	L, L, C. 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 ma	atter to the following:	
Dyn ETTE A. Roy Name of Person		
CARIBE HRT Firm/Company		
10875 S.W. 112 Ph AVE	Apt # 308	
MI'AMI FL 33 City/State and Zip Code	176	
CARIBEARTS CONTACT 13 C G E-mail address: (to be used for future annual report notification	mail com	
For further information concerning this matter, plea	ase call:	
Dywette 13. Roy at (786) 351 0330 or 305273 3853 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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 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.

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1. Name of the limited liability company: C A R /	BE ART LIC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 10875 S.W. 112 th AVC AP+ # 308 MIAMI, FL. 33176
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8306 MILLS DRIVE MIRMI, FL 33183-4838
1. Date of filing/registration in Florida	790 450 \$\tau12000107343\$ 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	The ComPANY CORPORATION
Registered Office Address:	1201 HAYS STREET
	TALLA HASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	DYNETTE A. ROY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10875 S.W. 112 th AVC 4308 MIRMI, FL 33176
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 identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Printed or typed name of signee	L 25 H
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 m address, I hereby confirm that the limited liability compa	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 perely reflect a change in the registered office ny 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