L12000111260

(Re	equestor's Name)						
(Address)							
(Address)							
(Ci	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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D. SCOTT 0CT 0 6 2016

THE BERNSTEIN LAW FIRM

3050 Biscayne Boulevard, Suite 403 Miami, Florida 33137 Tel. (305) 672-9544 • Fax. (305) 672-4572 e-mail: michael@bernstein-lawfirm.com

September 27, 2016

Via U.S. Mail

Dionne M. Scott Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

MIRI II, LLC

Document No.: L12000111260

Ms. Scott:

Per our conversation earlier today, please find enclosed Statement of Change of Registered Agent for MIRI II, LLC which was erroneously returned by you to our office.

Further, as you indicated during our phone call, please process said Statement of Change of Registered Agent accordingly.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kristen Ledesma, Legal Assistant

16 0CI -3 PM 3:50
SECREDARCH STATE
AND AMARKS OF STATE

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	MIRI II, LLC						
	Name of Limited Liability Company						
Dear Sir or N	Madam;						
The enclosed	d Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing	g.			
Please return	all correspondence concerning this	s matter to the	e following:				
KRISTEN	LEDESMA						
	Name of Person	<u> </u>					
THE BERN	NSTEIN LAW FIRM			≥ % 6			
	Firm/Company			CALL PARTY			
3050 BISC	CAYNE BOULEVARD, SUITE	403	·	-3 -S			
	Address						
MIAMI, FL	ORIDA 33137			3: 50°			
	City/State and Zip Code						
MICHAEL	@BERNSTEIN-LAWFIRM.CO	OM .					
E-mail	address: (to be used for future annu	al report not	ification)	i,			
For further in	nformation concerning this matter,	please call:		. '			
KRISTEN	LEDESMA	305	672-9544				
	Name of Person		Area Code & Daytime Tel	ephone Number			
Regi Divi: Clift 2661	istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	losed is a check for the following	amount:					
र्थ \$2	25 Filing Fee	a :	\$55 Filing Fee & Certified Cop	ру			

ETATEMENT 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 t	ortae	<i>4.</i>	•	•		
1.	Na	me of the limited liability company: MIRI II, LLC				
2	(a)		(i	b)		
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mai		limited liability company: E POST OFFICE BOX)
		4550 NORTH BAY ROAD		4550 NOR	TH BAY R	OAD
		MIAMI BEACH, FLORIDA 33140		міамі вел	ACH, FLO	RIDA 33140
		8/29/2012		L120001112	260	
3.		Date of filing/registration in Florida	4.	D	ocument nur	mber
		JUDITH HERMAN				20 B
5.	(a)	Registered Agent and Registered Office shown on the records of t			BOT -	
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u>s)</u>		1 ED
		4550 NORTH BAY ROAD			•	
	THEFT.	MIAMI BEACH, FL	33140			0880 17 3 57
	(b)	THE BERNSTEIN LAW FIRM				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>idress</u> :		• • • •
					-	,
		NEW Registered Office Address:				••
		3050 BISCAYNE BOULEVARD, SUITE 403				
				· · · · · · · · · · · · · · · · · · ·		
		MIAMI , FL	33137			
the ag wa	e cha ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability can find the lired limited	istered office a ompany, it is h nited liability o liability compa DITH HERM	nd the busing ereby confir company or a any. IAN	ess office of the registered med that the change(s) as otherwise provided in
_;	Signat	ye of a member or authorized representative of a member		P	rinted or typed	name of signee
pr the to no	ovisi e obli mere tified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ignitions of myposition as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perforn d for in hereby c	et in this capaci nance of my du Chapter 605, F confirm that the	ity. I further ties, and I ar F.S. Or, if th e limited liab	agree to comply with the namiliar with and accept is document is being filed bility company has been
Si	gnatu	e of Registered Agent				