

L12000125235

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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14 JAN -7 AM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
ALMERIA PARTNERS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

FILED
14 JAN -7 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: ALMERIA PARTNERS LLC

2. (a) Principal office address of limited liability company: 1200 ANASTASIA AVE

(Note: **MUST BE STREET ADDRESS**)

SUITE 500

CORAL GABLES, FL 33134 UN

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1200 ANASTASIA AVE

SUITE 500

CORAL GABLES, FL 33134 UN

10/02/2012

3. Date of filing/registration in Florida

L12000125235

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

AMSTER, MAXMILLIAN N

Registered Office Address:

1200 ANASTASIA AVE

SUITE 500

CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Corporate Creations Network Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Kristine Roy, Attorney-in-Fact

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristine Roy, Special Secretary

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)