112000/27887

(D)	aguastaria Nama)				
(FC8	(Requestor's Name)				
•					
: (Ac	ddress)				
(A	ddress)				
(Address)					
(Ci	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)				
(Di	ocument Number)				
Certified Copies	Certificates of	Status			
	Filia - Office				
Special Instructions to	Filing Officer:				
:					

Office Use Only



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SCUERLIANCE OF STAIL

K. SALY EXAMINER

FEB - 9

COVER LETTER

	gistration Section vision of Corporations		· ·			
SUBJECT	SOPHI PROPERTIES LLC					
		Name of Limited Liability Company				
Dear Sir o	Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
NICOLA	S SIHA					
	Name of Person	<i>r</i>	-			
LEGALINC CORPORATE SERVICES INC.						
	Firm/Company	 ,	-			
17350 S	TATE HIGHWAY 249					
	Address		•			
HOUST	ON, TX 77064					
	City/State and Zip Code	· * · · · · · · · · · · · · · · · · · ·	•			
SUPPOR	RT@LEGALINC.COM					
E-ma	il address: (to be used for future annu	ual report notifica	ation)			
For further	information concerning this matter,	please call:				
NICOLAS	SSIHA	713 at (478.1040			
	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		Regis Divis P.O. 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
En	Enclosed is a check for the following amount:					
2	\$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 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.

Na	me of the limited liability company:	OPERT	IES LLC	
	75 NW 62 AVE		75 NW	62 AVE
. () .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	········		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	MIAMI, FL 33126		MIAMI,	FL 33126
	10/08/2012		L120001	27887
. (a)	Date of filing/registration in Florida USA-RA LLC	4.		Document number
. (a)	Registered Agent and Registered Office shown on the records 841 PRUDENTIAL DRIVE	of the Flor	da Dept. of Stat	e: 206
	Registered Office Address 12TH FLOOR	TADDRE	<u>SS)</u>	TILLED TO 3: 45
	JACKSONVILLE	3220 FL	7	
(b)	LEGALINC CORPORATE SERVICES INC	• —		- 2. 45 3: 45
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office	address:	- ' \tau
	5237 SUMMERLIN COMMONS			
	NEW Registered Office Address: SUITE 400			_
	FORT MYERS	3390 FL	7	_
ne char gent was/we ne artic	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the understanding and the companies of a member or authorized representative of a member	of the re I liability is of the l the limite	gistered offic company, it i imited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
l herel rovision he obli o mere rotified	by accept the appointment as registered agent and coms of all statutes relative to the proper and completigations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change.	agree to c ele perfor ided for ii I hereby	nct in this cap mance of my n Chapter 60, confirm that	pacity. I further agree to comply with the