L12000133402				
(Requestor's Name) (Address) (Address)	900335133929			
(City/State/Zip/Phone #)	10/14/1901010031 **25.00			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)				
Special Instructions to Filing Officer:	2319 D.			
	14 <i>M</i> HH: 10			
Office Use Only				

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Behrens

Name of Person

Dutch Chamber Miami LLC

Firm/Company

12555 Biscayne Blvd Suite 900

Address

Miami, FI 33181

City/State and Zip Code

frank_behrens@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Behrens	786 8325227 at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g 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	me of the limited liability company:	CHAMBER				
2. (a)			b)	Mailing address of limited		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>v:</u>	2	Mailing address of limited (<u>Note: MAY BE POST</u>		
	12555 Biscayne Blvd Suite 900		12555 B	iscayne Blvd Suite		
	Miami, FL 33181		Miami, F	L 33181		
	October 7th 2019		L1200013	33402		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Frank Behrens					
·. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florid	a Dept. of State	- 2:		
	Registered Office Address (MUST BE FLORID: A STR	EET ADDRES	<u></u>	-	2	
	15051 Royal Oaks Ln, Apt 2301			-	6 9	
	North Miami	FL_33181		_	11 20 610	
(b)	Frank Behrens			-		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office ac	ldress:		∆H II: 10	
	NEW Registered Office Address:		<u> </u>			
	12555 Biscayne Blvd Suite 900		_	-		
	Miami	. FL 33181				
he cha igent w vas/we	mited liability company is not organized under the nge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit antiforized by an affirmative vote of the memb cles of organization or the operating agreement o	ss of the reg ed liability c bers of the lir f the limited	istered office ompany, it is nited liability	e and the business off s hereby confirmed th y company or as othe apany.	ice of the re hat the chang	egistere ge(s)
Signat	ure of a monther brancherized representative of a member		IIIN DEMIEL	Printed or typed name of	fsignee	
There!	by accept the appointment as registered agent and ons of all statutes relative to the proper and com- igations of my position as registered agent as pro- iv reflect a change in the registered office addre.	d agree to ac plete perforn wided for in	t in this cape lance of my d Chapter 605	acity – I further avree	r to comply y	with the d accep ing filed been

TREAD	Trank Demens
Signature of a monther prauthorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree t provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided fo to merely reflect a change in the registered office address. I here notified in writing with a change.	formance of my duties, and I am familiar with and accept r in Chapter 605 F.S. Or if this document is being filed

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 **FILING FEE: \$25.00**

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