## L12000149080

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TALLAHASSET FINANC.

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: YOUR MIAMI CONCIERGE	LLC		
	Name	e of Limited	Liability Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.	
Please r	return all correspondence concerning this	s matter to th	ne following:	
DANIE	EL COBELO			
	Name of Person			
YOUR	MIAMI CONCIERGE LLC			
	Firm/Company		<del></del>	70. 1
647 N	E 193 STREET			VTTV SECKE III
	Address			SSYHV - MAY -
MIAM	i, FLORIDA, 33179			W-6 M MASSEE, FL
	City/State and Zip Code			음로 <b>휴</b>
DANIE	ELCOBELO@YAHOO.COM			34 DA
E-	mail address: (to be used for future annu	ial report no	tification)	
For furt	her information concerning this matter,	please call:		
DANIE	EL COBELO	954 at (	648-6088	
	Name of Person	(	Area Code & Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	   	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	□ \$25 Filing Fee	Ø	\$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

1. Name of the li	imited liability company: YOUR MIAN	AII CONCI	ERGE LLC		
2. (a) 17000 NO	ORTH BAY ROAD	(b)	(b) 17000 NORTH BAY ROAD		
Princ	cipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MENT 1517		Mailing address of lir	nited liability company: POST OFFICE BOX)	
***************************************		<del></del>			
SUNNY	ISLES BEACH, FL 33160	<del></del>	SUNNY ISLES BEACH	H, FL 33160	
NOVEM	BER 28, 2012	1	L12000149080		
DANIFI	ate of filing/registration in Florida  COBELO	4.	Document numb	er	
o. (a)	gent and Registered Office shown on the records of	of the Florida	Dent. of State:		
ū	IORTH BAY ROAD	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 <b>7p.</b> 0. 20		
Registered C	Office Address (MUST BE FLORIDA STREET	[ADDRESS]	<u> </u>		
APARTI	MENT 1517				
SUNNY	ISLES BEACH	<sub>L</sub> 33160			
(b) DANIEL	COBELO			<b>to</b> SEC	
(b) Enter name of	of NEW Registered Agent and/or NEW Register	ed Office add	Iress:		
647 NE	193 STREET			-9 -	
NEW Regis	tered Office Address:			SPECTA S	
	<del></del>		<del></del>	75 11: 12: 14:	
MIAMI	t	<sub>L</sub> 33179			
the change or char agent will be ident was/were authoriz	lity company is not organized under the langes are made, the Florida street address chical. Or, in the case of a Florida limited and affirmative vote of the members anization or the operating agreement of the	aws of the of the regis liability con s of the limited li	tered office and the business mpany, it is hereby confirmation ited liability company or as	s office of the registered ed that the change(s)	
Signature of a mem	be or authorized representative of a member		Printed or typed na	me of signee	
I hereby accept the provisions of all single obligations of the merely reflect a notified in writing	ne appointment as registered agent and a tables relative to the proper and complet my position as registered agent as provid a change in the registered office address, of this change.	gree to act le performa led for in C I hereby co	in this capacity. I further a ince of my duties, and I am j hapter 605, F.S. Or, if this infirm that the limited liabil	gree to comply with the lamiliar with and accep document is being filed ity company has been	
Signature of Register	ed Agent				