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AUG 2 0 2013 . J. BRYAN

## COVER LETTER

TO: Registration Section **Division of Corporations** 

INTERNOS GROUP, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or 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:

Miguel A. Maspons, Esq.

Name of Person

Maspons, Sellek, Jacobs

Firm/Company

2333 Ponce De Leon Blvd., #314

Address

Coral Gables, Florida 33134

City/State and Zip Code

mmaspons@maspons.com

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

For further information concerning this matter, please call:

Vanessa M. Collazo

Name of Person

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 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$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 608.416 or 608.508, 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.

G			
1. N	Name of the limited liability company: INTERNOS GROUP, LI	-C	
2 (	-> D.tt1 -60146.15 141   C.L.114	14040 N.W. 92ND AVENUE	
2. (	(a) Principal office address of limited liability company	MIAMI LAKES, FLORIDA 33016	
	(Note: MUST BE STREET ADDRESS)	MINIMI EARES, I CORIBA 33318	<u></u>
			700 73
(	b) Mailing address of limited liability company:	14040 N.W. 82ND AVENUE	四三二
,	(Note: MAY BE POST OFFICE BOX)	MIAMI LAKES, FLORIDA 33016	F. 6 =
			- <del>1000 100 110</del>
		14000450454	The P
	/2012	L12000159154	
3. I	Date of filing/registration in Florida	4. Document number	
			<b>三型型 38</b>
5.	(a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
			*
	Registered Agent:	Miguel A. Maspons, Esq.	
	Registered Office Address:	Abadin Cook-9155 South Dadeland Boulevard, Suite 1208	
		Mlami, Florida 33156	
,	The Entergone - CNEW Designation Amend and/or NE	W Desistered Office add	
(	b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	w Registered Office add	ress:
	NEW Registered Agent:	Miguel A. Maspons, Esq.	
	Negistered Agent.		
	NEW Registered Office Address:	Maspons, Seliek, Jacobs	
(MUST BE FLORIDA STREET ADDRESS)		2333 Ponce De Leon Blvd., Suite 314	
	(MOST BE TECKION STREET NOONESS)	Coral Gables	FL 33134
			,,
and liab the the	ne limited liability company is not organized under the firmed that after the change or changes are made, the F the business office of the registered agent will be identified company, it is hereby confirmed that the change(s members of the limited liability company or as otherwise operating agreement of the limited liability company.	lorida street address of the ical. Or, in the case of a F	registered office Florida limited on affirmative vote of
	Mind		
	Miguel A. Maspons, Esq.		
Prin	ted or typed name of signee	<del>-</del>	
	ereby accept the appointment as registered agent and a pply with the provisions of all statutes relative to the provisions of all statutes relative to the property of the polyper of F.S. Or if this deciment is being filed to me tress, hereby confirm that the limited liability company	ngree to act in this capacit oper and complete perfori sition as registered agent erely reflect a change in th y has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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