L130000000285

| (Red | questor's Name) | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Add | dress) | | |
| (City | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | · | |
| | | - | |
| | | | |

Office Use Only



800252727358

10/30/13--01004--014 **25.00



J. SAULSBERRY EXAMINER NOV 1 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Heat Realty Of South Florida LLC

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:

Lenuam Garcia

Name of Person

The Heat Realty Of South FLORIDA LLC

Firm/Company

12981 sw 251 ter

Address

Homestead fl 33032

City/State and Zip Code

Dicewon@gmail.com

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

For further information concerning this matter, please call:

Lenuam Garcia

_{at (}786₎663-3349

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

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

INHS18 (5/08)

· ·

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.

| 1. Name of the limited liability company: The Heat Realty Of Sci | uith Florida I I C | |
|---|---|--|
| • • • | · · | 2 |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | : 12981 sw 251 ter homestead fl 33032 | 2013 |
| (Note: MUST BE STREET ADDRESS) | | |
| | | 30 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 12981 sw 251 ter homestead fl 33032 | 2° |
| TWOICE THE POST OF THE BOTT | | |
| Jan 02, 2013 | L13000000285 | · 5 <u>6</u> |
| 3. Date of filing/registration in Florida | 4. Document number | ¥- |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent: | the records of the Florida D | ept. of State: |
| Registered Office Address: | 1201 Hays Street Tallahassee fl 32301 | |
| | | |
| | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office addre | ess: |
| NEW Registered Agent: | Lenuam Garda | |
| NEW Registered Office Address: | 12981 sw 251 ter | |
| (MUST BE FLORIDA STREET ADDRESS) | Homestead | FL 33032 |
| | HOMBSIGAU | ,FL aac |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. | lorida street address of the i | registered office |
| Signature of a member or authorized representative of a member | - | |
| Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | – gree to act in this capacity. oper and complete perfort o | . I further agree to ance of my duties, |
| Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan | rely reflect a change in the y has been notified in writin | registered office ng of this change. |

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

Signature of Registered Agent