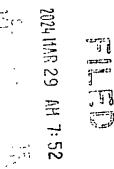


(Requ	estor's Name)			
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00/29/24--01012--009 **25.00



COVER LETTER

TO: Registration Section Division of Corporations Promenade Shores 111 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: Helen Borges Name of Person Firm/Company 1535 Eucalyptus Way Address Davenport, Florida 33837 City/State and Zip Code helenb_2009@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Helen Borges 786 344-4673 Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following 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.

7915 SW 17 Terrace, Miami,	FL. 33155	(b) <u> </u>	535 Ecualyptus Way	yptus Way, Davenport, FL, 33837	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
01/04/2013			8000001877		
NONE	istration in Florida	4.	Document	t number	
Registered Agent and Registered	d Office shown on the records	s of the Florida De	pt. of State:		
Registered Office Address <u>E</u>	ered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 T	
		FL		2024 HAR 29	
Aviana H. Lopez					
Enter name of NEW Registered	I Agent and/or NEW Registe	red Office addre	<u>.s.</u> :	7: 52	
3240 Mary Street				<u> </u>	
NEW Registered Office Addre	ss:				
Apt S-205					
Miami		FL ³³¹³³			
limited liability company is e or changes are made, the hwill be identical. Or, in the ere authorized by an affirmaticles of organization or the	Florida street address of case of a Florida limited ative vote of the membe	the registered c Hiability comp rs of the limited	ffice and the busin any, it is hereby co Hiability company lity company.	ess office of the registered onfirmed that the change(s)	
iture of a member or authorized re	presentative of a member		Printed or t	yped name of signee	
hy accept the appointment a ions of all statutes relative t ligations of my position as r	o the proper and comple	ete performanc	e of my duties, and	ther agree to comply with a I am familiar with and acc if this document is being fi	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00