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**S Warren**JAN 31 2017

## **COVER LETTER**

Division of Corporations				
SUBJECT: 18=18 Capital Management 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:				
Danca Beaumont Name of Person				
B&B Capital Management LLC				
14095 S.W. 103 terr.				
Miami FL. 33186				
City/State and Zip Code  Lancabb@bellsouth.net  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
12000 1200000T at 305,984-3416				
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 S55 Filing Fee & Certified Copy				

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits	ant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, this the following statement in order to change its registered office or reg	e undersigned limited liability company gistered agent, or both, in the State of
Florida  1. Na	Name of the limited liability company: 13+18 Capital N	lanagement LLC
2. (a)	14095 SW 103 terr Miami Fl. 33186(6) SAME	/14095 SW 103 tea Hiam
• • •		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST DE STREET ADDRESS)	(Note: MAT BE FOST OFFICE BOX)
	March 26,2016 L13	300000 5066
3.	Date of filing/registration in Florida 4.	Document number
5. (a)		• •
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	***
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	tamba F 33612	-
	7 ampa ,FL 32012	To the second
(b)	Blanca Blaumon	M S
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	14095 SW 103 terr	D: 1. STATI
	NEW Registered Office Address:	DM SI
	Minimi 2318(a	A Commence of the Commence of
	FL 55100	
If the li	limited liability company is not organized under the laws of the State of Florange or changes are made, the Florida street address of the registered office	rida, it is hereby confirmed that after
agent v	will be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
the arti	vere authorized by an affirmative vote of the members of the limited liability ticles of organization or the longitudes are comparating agreement of the limited liability compared to the liability compare	pany.
	WILLIAM I	Banca Baumonl
	ature of a member of authorized representative of a member  eby accept the appointment as registered agent and agree to act in this capa	Printed or typed name of signee
provisi	sions of all statutes relative to the proper and complete performance of my d	luties, and I am familiar with and accept
to mere notified	bligations of mylposition as rekistered byent as provided for in Chapter 605, rely reflect a charge in the registered office address, I hereby confirm that t ed in writing of this charge? ]],	he limited liability company has been
	ure of Register March	