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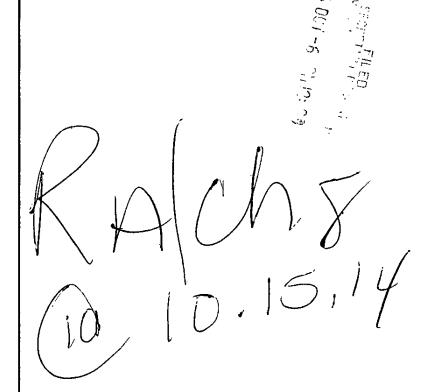
(Re	equestor's Name)					
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporation	ns				
SUBJECT: Seven Met Su	tes, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agen	/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence	ee concerning this matter to the following:				
Fabbio Pirozzi					
Name	of Person				
Seven Met Suites	at .				
Firm/C	Company				
40 SW 13th St. Suite #30	Í·				
Addı	ess				
Miami, FL 33130					
City/State	and Zip Code				
info@sevenmetsuites.con	1				
E-mail address: (to be use	d for future annual report notification)				
For further information concern	ning this matter, please call:				
Gabriela Betancourt	786 502.3220				
Name of Perso	Area Code & Daytime Telephone Number				
STREET/COURIER ARE Registration Section	ADDRESS: MAILING ADDRESS: Registration Section				
Division of Corporation					
Clifton Building	P.O. Box 6327				
2661 Executive Center Tallahassee, Florida 32	· · · · · · · · · · · · · · · · · · ·				
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 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.	Nε	ame of the limited liability company: Seven Met Su	iites, l	LC	
2	(a)	Seven Met Suites		(Same)	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		40 SW 13th St. Suite #301			
		Miami, FL 33130			
		01/10/2013		L130000	05289
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Samantha Alvarez, Resigned 07.28.2014			
	()	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of Stat	re:
		(Same as above)			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	_
		, FL			
	(b)	Fabbio Pirozzi			- 5 TE
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	
		(Same as above)			-6 1712 39
		NEW Registered Office Address:			- <u> </u>
				 	_
		. FL			
		, FL_			_
the ag	cha ent v s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the less of organization.	the reg bility of f the lis	istered office company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
			Fa	bbio Piroz	
		the of a member or authorized representative of a member			Printed or typed name of signee
pro the to no:	ovisi obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have a complete the control of this change.	ee to ac perforn I for in ereby	ct in this cap nance of my Chapter 602 confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
SIĮ	gnatu	re of Registered Agent			

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