L1300000 6100

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
☐ PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



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12/19/23--01012--006 **25.00



COVER LETTER

_	istration Section ision of Corporations		
SUBJECT:	Miami Stuff LLC		
SOBJECT.		imited Liab	oility Company
Dear Sir or I	Madam:		
The enclose	d Registered Agent/Registered Office Ch	ange and fe	e(s) are submitted for filing.
Please return	n all correspondence concerning this matt	ter to the fo	llowing:
Patricia Kenn	nedy		
	Name of Person		-
Miami Stuff!	LLC		
	Firm/Company	<u></u> -	-
PO Box 128			
	Address		-
S Harwich, M	1A 02661-0128		
	City/State and Zip Code		-
finance@cap	eview.com		
E-mail	address: (to be used for future annual re	port notifica	ition)
For further i	nformation concerning this matter, please	e call:	
Patricia Kenn	nedy at (508	776-3391
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following amou	int:	
= \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy

INH\$18 (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.

. (a)	1560 Lenox Ave		(b) PO Box	128
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 204			
	Miami Beach, FL 33139		S Harwie	ch, MA 02661-0128
	01/11/2013		L1300000	06100
. (a)	Date of filing/registration in Florida Registered Agents Inc	4.		Document number
. (a)	Registered Agent and Registered Office shown on the records 7901 4th St N Ste 300	of the Flor	ida Dept, of S	tate:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>SS)</u>	
	St Petersburg,1	FL		EIL 2023 DEC 19 SEGNA JARA
(b)	Patricia Kennedy			(n = 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	address:	PH 4:14 SSEE.FL
	1560 Lenox Ave			
	NEW Registered Office Address: Unit 204			
	Miami Beach	33139 71.		
hange gent v vas/wo he arti Signa I heres provisi he obl o mero	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members acles of organization or the operating agreement of the true of a member by accept the appointment as registered agent and a light of all statutes relative to the proper and completing actions of my position as registered agent as provided a reflect a change in the registered office address and in writing of this change.	ne registe liability s of the limited The	ered office a company, it imited liabil if liability economas Kenne ct in this ca	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee apacity. I further agree to comply with the

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