L13000009271

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)	_							
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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TAIL ZELSSEE LORI

J. HARRIS

COVER LETTER

	Negistration Section Division of Corporations				
SUBJEC	CT: SOUTH FLORIDA EQUIT	TES LLC			
	Nar	ne of Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning the	is matter to the following:			
JAME	S MAYO				
***************************************	Name of Person				
	Firm/Company				
9073	LONG LAKE PALM DR.				
	Address				
BOC	A RATON FLORIDA, 33496				
	City/State and Zip Code				
	3@aol.com nail address: (to be used for future an	nual report notification)			
For furth	ner information concerning this matter	, please call:			
la	- Mark	at (561) 672-7750			
7	Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Tallahassee, Florida 32301	- aa			
	Enclosed is a check for the following				
Į.	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 ((2/14)				



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2016

JAMES MAYO 9073 LONG LAKE PALM DR BOCA RATON, FL 33496

SUBJECT: SOUTH FLORIDA EQUITIES LLC

Ref. Number: L13000009271

2016 JAN 22 PM 3: 04
SECRETARY OF STATE
ANALYSEE, FLORIDA

We have received your document for SOUTH FLORIDA EQUITIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00000541

2016 JAN 22 PHI2: 13

www.sunbiz.org

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.	Na	me of the limited liability company: SOUTH FLOR	IDA	EC	QUITIES LI	LC	
2. (8	2)	9073 LONG LAKE PALM DR.	(b) 9073 LONG LAKE PALM DR.				
(•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mai	ling :	address of limited liability company: .: MAY BE POST OFFICE BOX
		BOCA RATON	_		BOCA RA	OT	ON
		FLORIDA 33496	-		FLORIDA	۹.	. 33496
		JANUARY 17, 2013			LI3000	009	9271
3.		Date of filing/registration in Florida	4.		De	ocui	iment number
5. (a)	NRAI SERVICES INC.					
,	,	Registered Agent and Registered Office shown on the records of th	e Floric	la I	Dept. of State:		
		1200 SOUTH PINE ISLAND RD.					
		Registered Office Address (MUST BE FLORIDA STREET A	MUST BE FLORIDA STREET ADDRESS)				7 ₂ 2 ₀
							70 B 655
		PLATNTION, FL_	;	33	324		DE AT LEAST
(1	b)	JAMES MAYO					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice a	dđ	ress:		S 12
		9073 LONG LAKE PALM DR.					1.08ID A
		NEW Registered Office Address:	<u></u>				
		BOCA RATON ,FL	3349	96			
the eager	cha it v /we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab repauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the regoility of the li	e S rist cor mi	State of Florice and office and o	nd thereboons	the business office of the registered by confirmed that the change(s) apany or as otherwise provided in
0:		in Ilinia		J	MES MA		ed or typed name of signec
I he provide the to motion	rei visi oblier fie	three of a member or authorized representative of a member by accept the appointment as registered agent and agree bus of all statutes relative to the proper and complete pigations of my position as registered agent as provided fly reflect a change in the registered office address, I had in writing of this change.	<i>へいせい</i> か	mn	in this capaci	ity.	I further agree to comply with the

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