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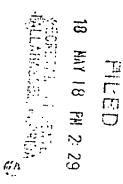
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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O SIMMONS MAY 2.1 2018

COVER LETTER

TO:	Registration Section Division of Corporations					
SURI	Abitare Group LLC					
0000		e of Limited Lia	bility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for tiling.			
Please	return all correspondence concerning thi	s matter to the fo	ollowing:			
Cecil	io Perez					
	Name of Person		_			
Abita	re Group LLC					
	Firm/Company	<u></u>	-			
1176	7 S Dixie Highway, Unit 111					
	Address		-			
Miam	ni, Florida 33156					
	City/State and Zip Code		-			
abita	regroupllc@gmail.com					
——————————————————————————————————————	E-mail address: (to be used for future anni	ual report notific	ation)			
For fu	rther information concerning this matter,	please call:				
Cecil	io Perez	305 at (799-8210			
	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	Regi Divi P.O.	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	□ \$55	Filing Fee & Certified Copy			
INHSI	8 (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.

Abitare G	iroup LLC		
	(h)	11767 S	S Dixie Highway, Unit 111
Note: MUST BE STREET ADDRESS)	y: (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Florida 33156
			Document number
_	rds of the Florida	Dept. of Stat	e:
lice Address (MUST BE FLORIDA STR	EET ADDRESS)		-
	33155 _, FL		
erez			MAY 18 PM
	stered Office add	ress.	2
red Office Address;			- 29 4
	33156 _, FL		-
ges are made, the Florida street addrescal. Or, in the case of a Florida limit d by an affirmative vote of the membrization or the operating agreement of a member or authorized representative of a member of a m	ess of the registed liability corpers of the limited l	tered office inpany, it is ited liability ability con (Cillo	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appagy. **Printed or typed name of signee** **Printed or typed name of sign
Ment	_		
	pixie Highway, Unit 111 pal office address of limited liability company Note: MUST BE STREET ADDRESS lorida 33156 te of filing/registration in Florida and Garcia CPA ent and Registered Office shown on the recoveral Way fice Address (MUST BE FLORIDA STREET ADDRESS) Dixie Highway, Unit 111 red Office Address: Ty company is not organized under the gest are made, the Florida street addrescal. Or, in the case of a Florida limit do by an affirmative vote of the membrication or the operating agreement of the proper and components of the proper and components are gistered agent and the proper and components of this change. I Agent	Dixie Highway, Unit 111 The office address of limited liability company: Note: MUST BE STREET ADDRESS Ide of filling/registration in Florida The distribution of the Florida street and Registered Office shown on the records of the Florida and Way The Address (MUST BE FLORIDA STREET ADDRESS) FL 33155 FL The Properties of the Florida street address of the registered Office add Dixie Highway, Unit 111 The different and the Florida street address of the registered. Or, in the case of a Florida limited liability could by an affirmative vote of the members of the limited in the control of the florida street address of the limited in the control of the members of the limited in the control of the members of the limited in the control of the proper and complete performant and provided for in Control of this change. The position as registered agent and agree to actuate a relative to the proper and complete performant and position as registered agent as provided for in Control of this change. The position as registered agent and agree to actuate and the proper and complete performant and position as registered agent as provided for in Control of this change.	Dixie Highway, Unit 111 pal office address of limited liability company: Note: MUST BE STREET ADDRESS) Iorida 33156 Miami, F The of filling/registration in Florida and Garcia CPA ent and Registered Office shown on the records of the Florida Dept. of State all Way The Address (MUST BE FLORIDA STREET ADDRESS) AND STREET ADDRESS) The Address (MUST BE FLORIDA STREET ADDRESS) AND STREET ADDRESS) The Address (MUST BE FLORIDA S

FILING FEE: \$25.00