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COVER LETTER

TC Registration Sections Division of Corporations			
SU ECT: A 517 UC Name of Limited Liability Company			
Dec ir or Madam:			
The closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria Fernanda Benitez	<u></u>		
Fin/Company	***************************************		
520 Brickell Key Drive #0-305			
Miani, Fl 33131 City/State and Zip Code			
Mfbenite & bardancinema. com Email address: (to be used for finue annual report notification)			
For finther information concerning this matter, please call:			
Vilma Benitcz at (305) 3749 767 Area Code & Daytime Telephone Number		
STREET/COUNTER ADDRESS: Registration Section Division of Comparations Clifton Building 2661 Executive Center Circle Tallahassee, Figurida 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		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	517, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	w: 520 Brickell Key Dr.#0-
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	(same) O T
2/27/13	L130000 30755
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Maria Fernanda Benitcz
Registered Office Address:	520 Brickell Key Dr. 0-395 Many, Fr. 33131
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	Vilma Benitez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	520 Brickell Key Drive #0-305" Wiami FL 33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited hability company or as otherwise operating agreement of the limited hability company.	Florida street address of the registered office
Signature of a member of authorized representative of a member Maria Funanda Benitcz Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand Chapter 608, F.S. Or, if this document is being filed to in address, Thereby confirm that the limited liability compand the limited liability compands the liability com	
Division of Corporations, P.O. Box 6	52/, Lallahassee, FL 52514

FILING FEE: \$25.00