1300042499

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	·
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
,	

Office Use Only



900274721349

07/07/15--01004--011 **25.00

15 JUL -7 PH 12: 14
SECRETARY OF STATE
AND ASSEE, FLORID

THE STATE OF THE S

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dries Property Management, LLC. Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda Penalesa. Name of Person
Dries troparty Concupement, LLC. Firm/Company
4471 NW 36th ST, Swife 208
Miami Springs FL 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tabio Donalog at (786) 382-8244 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuai submits Florida	nt to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company the following statement in order to change its registered office or registered agent, or both, in the State of
	me of the limited liability company: <u>Avil 5 Property Management</u> , LLC
2. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Springs FL 33166 Miami Springs FL 33166
3.	03 (2) (2013) L 130000 42 499 Date of filing/registration in Florida 4. Document number
5. (a)	Linda Penaloza.
•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	700 S Koyal Toinciang Blvd.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	2011 C
	Miani Springs Fr. 33166
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	4471 NW 36th ST
	NEW Registered Office Address:
	Suite 208
	Miami Springs Fr. 33.166
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ure of a member or authorized representative of a member Printed or typed name of subprese
l herel provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been if in writing of this change.