## L13000044471

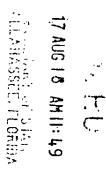
(Requestor's Name)					
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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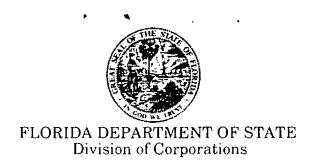


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AUG 2 1 2017



July 20, 2017

ALEJANDRO DARDIK PO BOX 3254 HALLANDALE, FL 33008

SUBJECT: FLORIDA PRIME LOANS, LLC

Ref. Number: L13000044471

We have received your document for FLORIDA PRIME LOANS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 617A00014742

Yasemin Y Sulker Regulatory Specialist II

## COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	FLORIDA PRIME LOANS L	LC				
30031		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	following:			
ALEJ.	ANDRO DARIK					
	Name of Person	-	_			
	Firm/Company					
	Address		_			
	City/State and Zip Code		_			
E	-mail address: (to be used for future ann	ual report notific	ration)			
For fur	ther information concerning this matter,	please call:				
ALEJA	ANDRO DARDIK	305	6341187			
	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	Reg Div 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	<b>□</b> \$5:	5 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 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)	7319 NW 36 ST MIAMI FL 33166	(b)	P.O.BOX	3254 HALLANDALE FL 33008
	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)	-		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		- <u>L</u> 4.	13000044	Document number 🚞 - 📆
(a)	ALEJANDRO DARDIK	<del></del>		AUG
	Registered Agent and Registered Office shown on the records of the 3661 NW 36 ST MIAMI FL 33142	Florida D	ept. of State:	SEE TO
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)		TCOM
	FL			AMILITARY AND
(b)				SS. The Am
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address</u> :		255	3
	7319 NW 36 ST MIAMI FL 33166			PH IR: 47
	NEW Registered Office Address:			7
	, FL			
e cha gent v as/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the line of organization or the operating agreement of the line.	e registe lity con he limit nited lia	ered office pany, it is ed liability bility comp	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany.
		ALE	IANDRO	
	ture of a member or dunorized representative of a member			Printed or typed name of signee
anisi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete peligations of my position as registered agent as provided fiely reflect a change in the registered office address. I her did not this change	บากบากเก	ice of my d.	uties, and I am familiar with and acces
	re of Registered Section			