11300044814

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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S. WARREN AUG 2 3 2017

COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | |
|--|--|
| SUBJECT: NOT HYCKY BUIL. | ıll |
| Na | me of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning t | his matter to the following: |
| | |
| Altred F. Archeo | |
| Name of Person | |
| Altred F. Andreu, P.A. | |
| Firm/Company | |
| 7000 SW 97 AMONUC, SUIT | TC 201 |
| Address | |
| Miami, FL 33173 | |
| Miami, FL 33173 City/State and Zip Code | |
| E-mail address: (to be used for future ar | nnual report notification) |
| For further information concerning this matte | r, please call: |
| Isabala Wavaria | at (<u>305</u>) <u>403-651 Y</u> Area Code & Daytime Telephone Number |
| 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 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the followin | ng amount: |
| \$25 Filing Fee | ☐ \$55 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.

| 1. Name of the limited liability company: Name of the limited liability company: Not the limited liability company: | |
|--|---|
| 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) | _ |
| 3540 Main Highway, Suite (- 103 1717 N. Bayshor Drive, Suite 102 | Ž |
| Miami, FL 35133 Miami, FL 35132 | _ |
| | |
| 3. Date of filing/registration in Florida (150000 44814) | |
| 3. Date of filing/registration in Florida 4. Document number | |
| 5. (a) Andiew Falsetto | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| | |
| Registered Office Address | |
| 1717 N. Baylhore Drive, suite 102 | |
| Miami ,FL 33132 | |
| | |
| (b) Alivear Andro, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| (b) Allred F. Andred, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| | |
| NEW Registered Office Address: | |
| 7000 SW 97 AVENUE, SUITE ZOI | |
| | |
| MI (1M) , FL 35173 | |
| | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or in the case of a Florida limited like the line of the registered of the regi | Ч |
| record with the two interests of the control of the | u |
| was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. | |
| Andrew Felenky | |
| Signature of a member or authorized representative of a member Printed or typed name of signee | - |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. | |
| Signature of Registered Agent | |
| | |

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