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### **COVER LETTER**

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Division	of Cor

TO:

Registration Section
Division of Corporations

SUBJECT: 660 Arvida 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:

Rogerio de Laurenzio

660 Arvida LLC

355 Alhambra Circle + 1550

Coral Gables, FL 33134
City/State and Zin Code

afrenice amail. com

E-mail address: (to be used for duture annual report potification)

For further information concerning this matter, please call:

Rogerro de Laurenzio at (786) 233-8368
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

# 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

INHS18 (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

rioriaa.
1. Name of the limited liability company: 660 Arvida LLC
2. (a) DLA Piper (b) DLA Piper
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2005. Biscayne Blud. \$2500 2005 Biscayne Blud \$ 250
Miami, FL 33131 Miami, FL 33131
04/16/2013
3. Date of filing/registration in Florida 4. Document number
5. (a) NRAT Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
70V
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 5. Pine Island ld  Plant at i pm 33324
1200 S. Pine Island Rd
TAUMOUALUM IL DODG I SEE THE
TO B
(b)
Logerio de Laurenzio
NEW Registered Office Address:
355 Alhambra Circle \$1550
Coral Gables ,FL 33134
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 liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the approximation of the approximation of the limited liability company.
20aerto de Laurenzio
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 charge.

Signature of Registered Agent