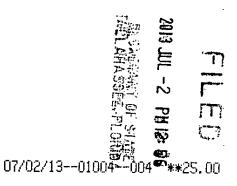
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(Requestor's Name)					
•					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
JUL = 3 2013					
A. LUNT					

Office Use Only





## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Angel Workforce 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:					
Jose Esyag Tendler					
Name of Person					
Angel Workforce LLC					
Firm/Company					
19900 E Country Club Drive Apt 802					
Address					
Aventura FI 33180					
City/State and Zip Code					
jose.esayag@drivemeangel.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jose Esayag at (305 ) 2066050					
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:					

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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. N	Name of the limited liability company: Angel Workforce LLC	· · · · · · · · · · · · · · · · · · ·	
2 (	a) Dringing office address of limited lightlift, some	mayor 17800 M/ Divin Lilahumu	
2. (	<ul> <li>a) Principal office address of limited liability compations (Note: MUST BE STREET ADDRESS)</li> </ul>	Suite C	
	(Note: MUST BE STREET ADDRESS)	North Miami Beach FI 33160	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17800 W Dixie Highway	
		Suite C	
		North Miami Beach	<del></del>
			718
04/18	· · · · · · · · · · · · · · · · · · ·	L13000057166	F 4*5
3. I	Date of filing/registration in Florida	<ol><li>Document number</li></ol>	
5. (	(a) Registered Agent and Registered Office shown or	n the records of the Flor	ida Dept. of State;
	D. Carrist Arres		
	Registered Agent:	Sandra Hoyos Mejia PA	ا المسلم
	Registered Office Address:	2701 Ponce De Leon Blvd	97 8
	Registered Office Address.	Suite 203	Fr.
		Coral Gables FI 33164	
	NEW Registered Agent:	Jose Esayag Tendler	
	<b>NEW</b> Registered Office Address:	17800 W Dixie Highway	
(MUST BE FLORIDA STREET ADDRESS)		Suite C	
		North Maimi Beach	,FL_33160
confi and liabi the	e limited liability company is not organized under the firmed that after the change or changes are made, the the business office of the registered agent will be ideality company, it is hereby confirmed that the change members of the limited liability company or as otherwoperating agreement of the limited liability company.	Florida street address of ntical. Or, in the case of	f the registered office f a Florida limited
Signa	ture of a member or authorized representative of a member		
Migue	el R Saavedra		
Print	ed or typed name of signee		
	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the plant am familiar with and accept the obligations of my plant 608, F.S. Or, if this document is being filed to have the confirmation of the limited liability compa	agree to act in this cap proper and complete per position as registered as nerely reflect a change in my has been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Sign	ature of Registered Agent		

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