

L13000060687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

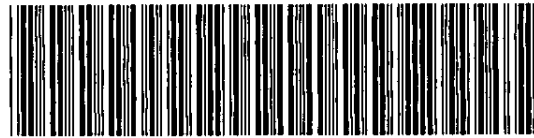
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF REVENUE
15 JUL 27 AM 11:23
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 JUL 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2015
S. YOUNG



CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

July 27, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9637508 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

MARINA 2304 LLC (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

FILED
15 JUL 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARINA 2304 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:

Leonardo Andrade

Name of Person

Paulo Miranda P.A.

Firm/Company

1001 Brickell Bay Drive Suite 2406

Address

Miami, FL 33131

City/State and Zip Code

Leonardo.Andrade@psmcorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo Andrade

at (305) 456-3752

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)

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15 JUL 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: MARINA 2304 LLC
2. (a) 1001 brickell bay drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
suite 2406
Miami, FL 33131
- (b) 1001 brickell bay drive
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
suite 2406
Miami, FL 33131
3. 04/25/2013 Date of filing/registration in Florida
4. L13000060687 Document number

5. (a) Nunez, Angel
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: **(MUST BE FLORIDA STREET ADDRESS)**

407 NW 10TH TERRACE

HALLANDALE BEACH FL 33009

- (b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation FL 33324

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 or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

LEONARDO ANDRADE
Printed or typed name of signer

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.

C T Corporation System

By: [Signature]
Signature of Registered Agent

Angel Nunez
Assistant Secretary

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

INHS18 (2/14)

FILED
15 JUL 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA