

Division of Corporations

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L1300078710

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
VETRA - MPG HOLDINGS 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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13 NOV 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
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2013 NOV 26 AM 10:16

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NOV 27 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VETRA - MPG HOLDINGS 2 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

Schuy @ grupocobra.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

IN11818 (5/08)

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: VETRA - MP6 HOLDINGS 2 LLC
2. (a) Principal office address of limited liability company: 10900 N.W. 21ST STREET
SUITE 190
MIAMI, FL 33172
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 10900 N.W. 21ST STREET
SUITE 190
MIAMI, FL 33172
 (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 05/30/2013
4. Document number: L19000078710
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>RAFAEL SANCHEZ</u>
Registered Office Address:	<u>10900 N.W. 21ST STREET</u> <u>SUITE 190</u> <u>MIAMI, FL 33172</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	<u>CT Corporation System</u>
NEW Registered Office Address:	<u>1200 S Pine Island Road</u>
(MUST BE FLORIDA STREET ADDRESS)	<u>Plantation, FL 33324</u>

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 of a member or authorized representative of a member

Carlos Ramirez Visser
 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 608, 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.

Katey Judd
 Signature of Registered Agent

Katey Judd, Asst. Secretary

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

DNHS18 (05/08)

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