

L13000088773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

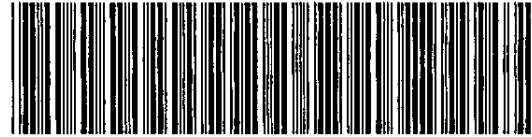
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600251833716

09/20/13--01027--023 \*\*25.00

FILED

13 SEP 20 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AD ch

P-40

9-23-13  
9

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Casa Deus, 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:

Alex M. Lam

Name of Person

Casa Deus, LLC

Firm/Company

8004 NW 154 Street, #315

Address

Miami Lakes, Florida 33016

City/State and Zip Code

Casadeusllc@gmail.com

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

For further information concerning this matter, please call:

Alex M. Lam

Name of Person

at ( 305 ) 542-3519

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

**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: Casa Deus, LLC

2. (a) Principal office address of limited liability company: 8004 NW 154 Street, #315  
(Note: **MUST BE STREET ADDRESS**) Miami Lakes, Florida 33016

(b) Mailing address of limited liability company: 8004 NW 154 Street, #315  
(Note: **MAY BE POST OFFICE BOX**) Miami Lakes, Florida 33016

June 19, 2013 L13000088773  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Alex M. Lam

Registered Office Address: 6538 Collins Avenue, Suite 634  
Miami Beach, Florida 33141

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Alex M. Lam

NEW Registered Office Address: 8004 NW 154 Street, Suite 315  
(MUST BE FLORIDA STREET ADDRESS) Miami Lakes, FL 33016

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.

Alex M. Lam  
Signature of a member or authorized representative of a member

Alex M. Lam  
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 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.*

Alex M. Lam  
Signature of Registered Agent

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

FILED  
JUN 20 PM 12:16  
TALLAHASSEE, FLORIDA  
CLERK OF STATE