## 113000092168

(Requestor's Name)				
(Address)				
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☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	dress)  dress)  //State/Zip/Phon  WAIT  siness Entity National Comment Number)			

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K.SALY EXAMINER SEP & O

## **COVER LETTER**

Division of Corporations				
SUBJECT: ATHOS IV ENTERPRISES, 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:				
SHIMON BERLAGOSKY				
Name of Person				
ATHOS IV ENTERPRISES, LLC				
Firm/Company				
5620 OAKVIEW TERRACE				
Address				
FORT LAUDERDALE, FL 33312				
City/State and Zip Code				
sberlagosky@catalina.com.ve				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SHIMON BERLAGOSKY at ( 305 ) 764-387}				
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 & Certified Copy				

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## F 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. Na	ame of the limited liability company: ATHOS IV EN	ITERPRISES,	LLC	
2. (a)	C/O GEM 8551 W SUNRISE BLVD STE 200	(b) C/O G	EM 8551 W SUNRISE BLVD STE 200	
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	PLANTATION, FL 33322	PLAN	FATION, FL 33322	
	06/26/2013	L13000	092168	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ALVAREZ, SUAZO & ASSOCIATES			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	tate:	
	7951 RIVIERA BLVD SUITE 210			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del>_</del>	
	MIRAMAR, FL , FL	33023	2016 SEP 16 PALLAHASS	
			65 = F	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	Enter hame of NEW Registered Agent and/or NEW Registered	Office address.	+ many manufacture	
	GERO, EVAUL & MCCLOSKEY		STATE STATE	
	NEW Registered Office Address:			
	8551 W SUNRISE BLVD STE 200		<del></del>	
	PLANTATION , FL	33322		
sign I her. pr. thl. to) no.	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the toerating agreement of the atture of a member or authorized representative of a member aby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete actions of my position as registered agent as provide a vertical action of this change.	the registered of ability company, of the limited liability of the	it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  Printed or typed name of signee	
-	Division of Corporations • P.O.	Box 6327• Talla	hassee, FL 32314	

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