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(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL _					
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Certified Copies	Certificates	of Statue					
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Special Instructions to	Filing Officer:						
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Office Use Only



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T. CARTER

LLC RH RO Change

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: 525 Biscayne Bay LLC Name of Limi	ted Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter t	o the following:						
Jose 6. Abondano. Name of Person							
525 Biscayne Bay LLC							
Firm/Company							
15901 Collins ave #2102 Address							
Sunny Isles, fl 33160 City/State and Zip Code							
City/State and Zip Code							
Tosegaloa Motmail. com E-mail address: (to be used for future annual report	notification)						
For further information concerning this matter, please ca							
Jose G. Alcondano at (3	05) 3365814 / 3057940362						
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 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
Q \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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.

١.	Na	me of the limited	l liability company:	525 BI	scaune	: Bay L	LC			
2	(a)	15901 Co	llins are #2	402	(b)	Same	AS E	rinapal		
	(ω)	Principal of	fice address of limited li	iability company:	(0)	Mailin	g address of	limited liabilit	•	-
			MUST BE STREET			(<u>No</u>	<u>ie: MAY Bi</u>	<u>E POST OFFI</u>	CE BOX	Ø
		Sunny	isles, fl 3	33160						
					<u> </u>					
		FO	130/13			L1300	01076	32_		
3.		Date of	filing/registration i	n Florida	4.	Doc	ument nui	nber	,	
5.	(a)	Tose 6.	Abondano	/MGR						
	• /		d Registered Office sho		he Florida De	pt. of State:				
		15901 6	ollins Ave		2101					
		Registered Office A	ddress (MUST BE)	FLORIDA STREET A	DDRESS)					•
		5	ve Lec	, FL	3316	^				
		Sunny	18 (0)	, FL_	33,6	<u></u>				
	(b)	Jose 6. 6	Abondano	/MGR					7	ZE 3S
	, ,	Enter name of NEW	Registered Agent and	Vor NEW Registered	Office addres	<u>55</u> :			SE	CAE
		6 -		0102					_!	ASAT
		NEW Registered O	oilins ave t	= 2102					2	SEX PLE
		NEW Registered O	ince Address;						P# [
									12: 42	STA OR
		Cuani	10/01		02111	`			\sim	P E
		Sunny	ISIES	, FL	3316	<u>) </u>				-
If t	he li	mited liability co	mpany is not organ	ized under the law	s of the Sta	ate of Florida	, it is here	by confirmed	d that a	after
the age	cha ent w	nge or changes a vill be identical.	re made, the Florida Or, in the case of a	a street address of Florida limited lia	the register bility comp	ed office and cany, it is here	the busin eby confir	ess office of med that the	the re	gistered (e(s)
wa	s/we	re authorized by	an affirmative vote on or the operating	of the members of	f the limited	d liability con	npany or a	as otherwise	provid	led in
LIIC	arti	cies of organizati	on or the operating	agreement of the	_			۸.۵		
	ignat	ure of a member or a	uthorized representative	e of a member		OSC 6 AV		name of signee	;	
I	ierel	by accept the app	ointment as registe	red agent and agre	ee to act in	this capacity	. I further	agree to co	mply v	vith the
the	obl	ons of all statutes igations of my po	s relative to the pro sition as registered ge if the registered	per ana com plete agent as pr ovidea	perjormano I for in Cha	e of my dutie ipter 605, F.S	s, and I ai Cr, if th	m familiar w is document	ith and is bei	d accept ng filed
noi	tifiea	in writing of thi	s change.	oyica adaress, i n	ereby conf	irm that the li	imited liah	ниту сотран	ıy nas	oee n
<u>e:</u>		-b(De	1 fly	place						
១ផ	,name	Registered Age	~ U · · ·							
-	7		Division of Corp	orations• P.O. B FILING FI		Tallahassee,	FL 32314	,		
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