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(Requestor's Name) (Address) (Address)	300325984573
(City/State/Zip/Phone #)	03/25/1901021014 **25.00
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## **COVER LETTER**

TO: Registration Section Division of Corporations

Camimar II LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose E Huerta

Name of Person

H&R Tax Advisors LLC

Firm/Company

12741 SW 38th Terrace

Address

Miami, Florida 33175

City/State and Zip Code

## info@hrtaxadvisors.com

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

For further information concerning this matter, please call:

Jose E Huerta	786 857-6252 at ()		
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 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	; amount:		
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy		



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Florida	Camimar II I	IC			
	me of the limited liability company:		0744 CM 204 To		
2. (a)	5252 NW 85th Ave 706	(b)			
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )		
	Doral, Fla 33166	<u>N</u>	liami, Fla 33175	,,,,,,,,,	
	08/28/2013	 L1			
3.	Date of filing/registration in Florida	4.	Document num	ber	
5 (n)	Monroy & Co PA				
5. (a)	Registered Agent and Registered Office shown on the records of	îthe Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		20	
	3105 NW 107th Ave Suite 505			H19H	
	Doral, FI	33172		APPROA APPROA FILE FILE	
	H&R Tax Advisors LLC			- PH	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	<u></u> :	STATE	
	NEW Registered Office Address:				
	12741 SW 38th Terrace				
	Miami , Fi	33175			
the cha agent w was/we the arti- Signat I herel provisi the obli- to merce notified	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I the authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	f the register iability comp of the limited limited liab	ed office and the busines bany, it is hereby confirm 1 liability company or as ility company. <u>Jannett</u> Printed or typed no this capacity. I further of	ss office of the registered ned that the change(s) otherwise provided in <u>A Rwdrywy</u> ame of signee	

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