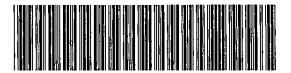
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#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT

Miami Life Magazine

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:

# Abelardo D. Alarcon

Name of Person

# Miami Life Magazine

Firm/Company

1351 NE Miami Gardens Drive, 215

Address

## North Miami Beach, FL 33179

City/State and Zip Code

# abealarcon.b@gmail.com

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

For further information concerning this matter, please call:

## Abelardo Alarcon

<sub>at (</sub> /86

281-4376

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

□ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
WILL SHASSEEL FLORE

INHS18 (5/08)

## 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.

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I. Na	me of the limited liability company: MIAMI LIFE MAGAZIN	IE			
2 (-)	Bulletin 1 - 60 44 631 - 24 - 412 - 1242	4054 NE MANU CARRENO BRIVE			
2. (a)	Principal office address of limited liability compan	UNIT 215			
(Note: MUST BE STREET ADDRESS)		NORTH MIAMI BEACH, FL 33179			
		NONTH MINANT BENOTITE 30173			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		SAME AS ABOVE			
9/10/2013	3	L13000127389			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida	Dept. o	of State	<b>:</b> :
Registered Agent:		Abeiardo D. Alarcon	} <b>9%</b>	<b></b>	
	1105.01010 1150111		声照	<u> </u>	
	Registered Office Address:	2285 NE 172 STREET	(中央)		Briefs (Figure
		UNIT 10	78.75	<del>SJ</del>	ŧ.
		NORTH MIAMI BEACH, FL 33160	の表	$\sim$	N. Printer
			<u>₹</u>	~	freedow.
(b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Pagistared Office add	Teec:	3	11.
(0)	Effect frame of the W Registered Agent and/or the	W Registered Office add	<u> </u>	ယ့	こ
NEW Registered Agent:		Abelardo D. Alarcon	蓋兰	ii iii	
			- P.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1351 NE MIAMI GARDENS DRIVE		<u> </u>	
		UNIT 215			
		NORTH MIAMI BEACH	,	F <u>L 33179</u>	<del>,</del>
confir and th liabilit the me the op Signatur Abolardo Printed	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.  The Alarcon or typed name of signee	Florida street address of the tical. Or, in the case of a law was/were authorized by ise provided in the articles	e regist Florida an affir s of org	ered of limited mative anizati	ffice d vote of on or
	thy accept the appointment as registered agent and ay with the provisions of all statutes relative to the provisions of all statutes relative to the property with and accept the obligations of my provided to my provided to my state of the	327, Tallahassee, FL 323		rther a of my d vided j stered o this ch	gree to luties, for in office ange.
	FILING FEE: S	23.UU			

INHS18 (05/08)