L13000155335

(R	equestor's Name)				
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COVER LETTER

	ntion Section of Corporations				
SUBJECT:	CETEAFOOT.	cem	LLC	2	
	(Nam	e of Limited	Liabil	ity Company)	
Dear Sir or Mad	dam:				
The enclosed R	egistered Agent/Registered	l Office Cha	nge and	d fee(s) are submitte	ed for filing.
Please return all	l correspondence concerni	ng this matte	er to the	e following:	
AN△	sr ti marcu				
	(Name of Person)				
ICET	EAFOOT. CON LLC				
	(Firm/Company)				1
888 BIS	SCAYNE BLUD # 2	2202			SECRETAR ALLAHASS
	(Address)				変素 2
MIAMI	I FL 33132	<u></u>			Mag B
	(City/State and Zip Code)				# 07
For further info	rmation concerning this ma	atter, please	call:		
ANDOE! N	7AECU	at (56	/	809-9292 le & Daytime Telep	
((Name of Person)	(A	rea Coo	le & Daytime Telep	hone Number)
Registrat Division Clifton E 2661 Exc	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301		Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
• .	ed is a check for the follow	ving amoun	t:		
र्जि \$25 म	Filing Fee		\$55 F	Filing Fee & Certific	ed Copy

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.

in the State of Florida.	
1. Name of the limited liability company: ICETE 470	DOT.COM LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 888 BISCAYNE BLUD #2202 MIAMI FL 33132
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	888 BISCAYNE BLVD # 2202 MIAMI FL 33132
11/05/13	L13000155335
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:	- LEGAL ZOOM - UNITED STATES CURPORATION
Registered Office Address:	13302 WINDING DAK COURT A TAMPA FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	ANDREI MARCU
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	888 BISCAYNE BLUD # 2202
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chargety confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of	et address of the registered office and the business case of a Florida limited liability company; it is by an affirmative vote of the members of the limited
limited liability company.	N paren
All	
(Signature of a member of authorized representative of a member)	
ANDREI MACCU (Printed or typed name of signee)	-
	·-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I tas registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.

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

(Signature of Registered Agent)