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(Requestor's Name)					
(Address)					
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(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
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COVER LETTER

TQ: Registration Section Division of Corporations	4
SUBJECT: 360 S.W. 3 Street	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Carlos Miranda Name of Person	
Fausto Capital, LLC	
1130 NW 8 St. Address	
Mi ami , Fl 33/36 City/State and Zip Code	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Helen Hamilton at (30) Name of Person	5 961-1179 Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

r ioi iaa.				
1. Nan	ne of the limited liability company: <u> </u>	N 3	3+148+	21 C
2. (a)	1176 NW 8 St.	(b)	1180 N	w & St.
(/ _	Principal office address of limited liability company:	(0)	Mailing addre	ess of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MA	Y BE POST OFFICE BOX)
	Mi ami, Fl 33/36		Miami, F	33136
	,		. ,	
		 .		
_	June 10, 2014		L 130001630	75
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	Aleco Haralambides			
	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:	
	3135 Jul 2 AU			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
				•
	Mi ami , FL	331	n 9	·
	[MI am], FL	201	هــــــ	
(b) _	Carlos F. Mirando	<u></u>		E 2 =
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	1180 Nw 8 St			(4) kg (4) kg (4)
	NEW Registered Office Address:			
	·			
•				05
	Mi com:	331	36	
	,			
	nited liability company is not organized under the law age or changes are made, the Florida street address of			
agent w	ill be identical. Or, in the case of a Florida limited lia	ability cor	npany, it is hereby co	onfirmed that the change(s)
was/wei	re authorized by an affirmative vote of the members or eles of organization of the operating agreement of the	the limited li	ted hability company ability company.	or as otherwise provided in
Signati	ire of a member or authorized representative of a member		Cabi F. Miranda Printed or t	yped name of signee
I hereb	y accept the appointment as registered agent and agr	ee to act	in this canacity. I fin	than agree to comply with the
provision the oblin	ons of all statutes relative to the proper and complete gations of my position as registered agent as provided	performa d for in C	nce of my duties, and hapter 605, F.S. Or,	l I am familiar with and accept if this document is being filed
to mere notified	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	iereby coi	nfirm that the limited	Tiability company has been
Signature	of Registered Agent			