

L13000166483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200268252302

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 20 PM 4:47  
NOT AFFIXED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
15 JAN 20 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 21 2015  
T. JENNIEX  
*[Signature]*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 1/20/2015**

**NAME: EUROPE REAL ESTATE LLC**

**TYPE OF FILING: CHANGE OF AGENT**

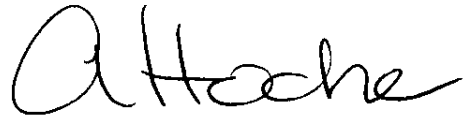
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Europe Real Estate LLC

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:

Tara Morales

Name of Person

Capitol Corporate Services, Inc.

Firm/Company

800 Brazos Ste 400

Address

Austin TX 78701

City/State and Zip Code

Magda41@bellsouth.net

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

For further information concerning this matter, please call:

Tara Morales

Name of Person

at ( 800 ) 345-4647

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

**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.

1. Name of the Limited Liability Company:

Europe Real Estate LLC

2. (a) Europe Real Estate LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

(b) Europe Real Estate LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

3. 11/27/13

Date of filing/registration in Florida

4.

L13000166483

Document number

5. (a) Capitol Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Dr Ste A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Magda Santiso

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Magda Santiso

NEW Registered Office Address:

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Ellis R. Mirsky

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Magda Santiso

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 20 PM 1:08

FILED