140000 10153

	(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:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOSFING MICAMI LL Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Sebastian Balleneche Name of Person	_
HOSTANS Micani LLC Firm/Company	_
1180 NE 8644 St Address	-
Minmi FL 33138 City/State and Zip Code	_
Sebastan & we has tayoup. Com E-mail address: (to be used for future annual report notific	<u>x</u> ation)
For further information concerning this matter, please call:	
Sebostim Bowlevector at 305 Name of Person) 5888637 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee ☐ \$55	Filing Fee & Certified Copy

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.

1. Name of the limited liability company: Hosting	3 Mami LLC
2. (a) 1180 NE 86th St	(b) 1180 NE 86th St
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Mami FC 33138	Miami FC 33138
01/21/2014	L 140 000 10153
3. Date of filing/registration in Florida 5. (a) Barreneche Subastian	4. Document number
Registered Agent and Registered Office shown on the records of the I 1700 Drick all bay Drick all	PRESS) 2029 JUN 29 AM II 1006 address:
M:0M1 .FL_	33138
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the lim Signature of a member or althorized representative of a member I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect of change in the registered office address. I here notified in writing of this change. Signature of Recorded Agent	istered office and the business office of the registered ity company, it is hereby confirmed that the change(s) be limited liability company or as otherwise provided in ited liability company. Sebastian Banco Street Printed or typed name of signee

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

INHS18 (2/14)