L14000013122

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	

Office Use Only



300288299653

07/25/16--01022--009 **25.00



S WarrenJUL 2 6 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: \[\sqrt{SM MAKINE LLC} \] 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: Torge Suprez - Muizias Name of Person TSM MAINE LLC Firm/Company	
SO45 SW 65 Ave Address Min F/ 33155 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301	

\$25 Filing Fee

INHS18 (2/14)

□ \$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.	Na	me of the limited liability company:
2.	(a)	5045 SW 65 Ave (b) 5045 SW 65 Ave
		Principal office address of limited liability company: Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		MIAMI F/ 33155 MIAMI F/ 33150
		01/14/14 614000013122
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Torge SUAREZ-MURIAS
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5045 SW 65 Pue
		//////////////////////////////////////
		STATE ORIGINAL
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		CynThia Perantoni
		$oldsymbol{eta}_{i} = oldsymbol{eta}_{i}$
		18495 South Dixie Hawy #207
		MIAMI, FL 33157
the age wa	cha ent w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. I Orge On RE Z-MORIA
S	ignat	ure of a member or authorized representative of a member Printed or typed name of signee
the to to not	visio obli mere tified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
•	•	