1140000 24841

| (Requestor's Name) | | | | | |
|---|----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/S | State/Zip/Phon | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | į | | | |
| | | | | | |

Office Use Only



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COVER LETTER

4.00

| TO: | Registration Section Division of Corporations | | | | |
|---|---|----------------|---|--------------------|--|
| SUB | JECT: MOUTINHO LLC | | | | |
| Name of Limited Liability Company | | | | | |
| Dear | Sir or Madam: | | | | |
| The | enclosed Registered Agent/Registered Offic | ce Change an | nd fee(s) are submitted for fili | ng. | |
| Pleas | se return all correspondence concerning this | s matter to th | e following: | | |
| | | | | ~ | |
| Mic | hel de Amorim | | | | |
| | Name of Person | | | , () | |
| Dru | mmond Consulting, LLC | | | | |
| | Firm/Company | | | | |
| 601 | Brickell Key Drive, Ste 901 | | | 2 4 | |
| | Address | | | <i>12</i> * | |
| Mia | nmi, FL 33131 | | | | |
| | City/State and Zip Code | | · | | |
| tax | info@drummondadvisors.com | | | | |
| 1 | E-mail address: (to be used for future ann | ual report no | tification) | | |
| For | further information concerning this matter, | please call: | | | |
| Mic | thel de Amorim | 781 | 770-0005 | | |
| | Name of Person | _ ** | Area Code & Daytime T | elephone Number | |
| l | STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | | | | |
| ! | Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | | | |
| | 2 \$25 Filing Fee | ۵ | \$55 Filing Fee & Certified C | ' ору | |
| INH | S18 (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.

| ١. | Na | me of the limited liability company. MOUTINHO | LLC | |
|---------------------|------------------------------------|--|---|---|
| 7 | (a) | 10764 Royal Cypress Way | (b) | |
| | (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) |
| | | Orlando, FL 32836 | | |
| | | 02/13/2014 | | 4000024841 |
| 3 | | Date of filing/registration in Florida | 4. | Document number |
| 5 | (a) | Corporate Creations Network, Inc | | |
| J. (| (/ | Registered Agent and Registered Office shown on the records of 11380 Prosperity Farms Road | the Florida Dep | <u>-</u> |
| | | | ADDRECO | |
| | | Registered Office Address (MUST BE FLORIDA STREET) Ste # 221E | AIDDRESS | |
| | | Palm Beach Gardens , FI. | 33410 | = |
| | (b) | DRUMMOND CONSULTING, LLC | | ^{>} つ |
| | | Enter name of NEW Registered Agent and/or NEW Registered | Office addres | ?; |
| | | 601 Brickell Key Drive | | C/ 4 |
| | | NEW Registered Office Address: | | |
| | | Ste # 901 | | |
| | | Miami | 33131 | |
| th as w th | ie cha gent v as/w ie art | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization of the operating agreement of the | the register ability comp of the limited climited liab | ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in lifty company. |
| 1 | | o Sergio Moutinha | Anton | io Sergio Moutinho, Authorized Member |
| _ | Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| 11. 11. | rovis 10 ob. 1 mer | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered office address, I d in yriting of this change. | ree to act in performanced for in Cha hereby confi | this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed from that the limited liability company has been |
| 7 | ignati | ue of Registered Agent | | |
| | ~ | = - | | |