## 1140000025428

(Requestor's Name)						
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## COVER LETTER

INHS18 (2/14)

TO:	TO: Registration Section Division of Corporations				
SUBJI	MIAMI MEMORIAL, LLC				
000		of Limited Lic	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and f	ec(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the f	ollowing:		
Edua	rdo Anton				
	Name of Person		_		
Edau	rdo Anton, Attorney at Law				
	Firm/Company		_		
7400	S.W. 50th Terrace, Suite 304				
	Address		_		
Miam	i, FL 33155				
	City/State and Zip Code		_		
Edua	rdo@Eantonlaw.com				
Е	-mail address: (to be used for future annu	al report notific	cation)		
For fur	ther information concerning this matter, p	lease call:			
Edua	rdo Anton	305	297-7752		
	Name of Person	_ ``\	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	<b>□</b> \$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	ime of the limited liability company: MIAMI MEMO	RIAL, LLC	
2.	(a)	9425 S.W. 72nd Street, Miami, FL 33173	(b) Same	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		02/13/2014	 L140000	025428
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	Eduardo Anton		
	()	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Sta	ate:
		Registered Office Address	DDRESS)	_
		1385 Coral Way, Suite 406		- 0 4
		Miami .FL	33145	高·五·九
	(b)			- = = h
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	· · · · · · · · · · · · · · · · · · ·
NI NI		Eduardo Anton		TAUGII PH 2: 07 ONISION OF CORE CARRIENTS
		NEW Registered Office Address:		
		7400 S.W. 50th Terrace, Suite 304		
		Miami .FL	33155	
the age was the	cha ent w s/wg ach	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liage authorized by an affirmative vote of the members of cless of originization or the operating agreement of the law.	the registered office bility company, it fithe limited liabili	re and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
S	gnat	ure of a member of authorized representative of a member	<del></del>	Printed or typed name of signee
pro the to r	visi obli ngro ifika	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charged in the registered office address, I h I in writing of this allenge.	ee to act in this cap performance of my I for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Sig	natui	re of Registered Agent		