## L14000025694

(F	Requestor's Name)				
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PICK-UP	₩AIT	MAIL			
()	Business Entity Name)				
(Document Number)					
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## COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: SIEVERT PARTNERS LLC					
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the fo	ollowing:			
z.bolanos@amicorp.com					
Name of Person		_			
Amicorp Corporate Services LLC					
Firm/Company					
1001 Brickell Bay Drive, Suite 2908					
Address					
Miami, FL 33131					
City/State and Zip Code		_			
vl_usasupport@amicorp.com					
E-mail address: (to be used for future annu	ual report notific	eation)			
For further information concerning this matter,	please call:				
Zully Bolanos	+1305 at (	3003921			
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.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:				
S25 Filing Fee	<b>□ \$</b> 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. Na	me of the limited liability company: SIEVERT PAI	RTNERS LLC		
2. (a)	1001 Brickell Bay Drive	(b) 1001 Brickell Bay Drive		
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited (Note: MAY BE POST	
	Suite 2908	Suite 29	908	
	Miami, FL 33131	Miami, I	FL 33131	
	02/13/2014	L140000	25694	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Amicorp Fiduciary Services LLC			
. (,	Registered Agent and Registered Office shown on the records of t	he Florida Dept, of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	_	t make
	Suite 2908		_	70
	Miami	33131	_	DEC
(b)	Amicorp Corporate Services LLC Enter name of NEW Registered Agent and/or NEW Registered  1001 Brickell Bay Drive  NEW Registered Office Address: Suite 2908	Office address:		AH 2: 42
	Miami , FL	33131	-	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered offic ability company, it if the limited liabilit	e and the business of is hereby confirmed the ty company or as other	fice of the registered hat the change(s)
		Jose Maria (	Corominas, Opera	
	ure of a member of authorized representative of a member		Printed or typed name o	_
provisi the obli to merc notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been a change.	performance of my I for in Chapter 60.	duties, and Lam fami 5, F.S. Or, if this doc	iliar with and accept ument is being filed
	Disking CC at a DO D			