## L14000028850

(Rec	questor's Name)	
(Address)		
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: LOBATERA LLC	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Fanny M Suarez Name of Person	TALL SE TALL
Name of Person	14 oc.
LOBATERA LLC	
Firm/Company	
15673 SW 52 C+	· · · · · · · · · · · · · · · · · · ·
Address	
Miramar FL 33027	
City/State and Zip Code	
E-mail address: (to be used for future annu	
For further information concerning this matter,	please call:
German Rincon M Name of Person	_at ( 954 ) 589 7461 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
2 \$25 Filing Fee	☐ \$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: LOBATERA LLC	
2 (a)	5071 8W 161 Ave. Miramor FL, 33027 (b) 156738	SW 52 Gt Miramor Pl 3302
2. (a)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	02/20/2014 L19 Date of filing/registration in Florida 4.	4000028850
3.		Document number
5. (a)	Suarez Fanny M.	
• •	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	15653 SW 52 Ct Miramar FL. 33027	<b>=</b>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ALLI SE:
		2
	, FL	25 TO 100
/L\		P
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SRID SRID SRID SRID SRID SRID SRID SRID
		1DA
	Suarez tanny M	
	NEW Registered Office Address:	
	15673 SW 52 Ct Miramar	
	.FL 33027	
the charagent was/we the artic	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office rill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
I hereb provision the oblit to mere notified	we of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this capa cons of all statutes relative to the proper and complete performance of my d gations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address, I hereby confirm that the lin writing of this change.  Much full f e of Registered Reent	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	Division of Corporations • P.O. Box 6327 • Tallahass	ee, FL 32314

FILING FEE: \$25.00