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JUN 25 2014' T. CARTER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ESTEBAN PEREZ LLC			
	Nam	e of Limited Li	iability Company	
Dear 9	Sir or Madam:			
The eι	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please	e return all correspondence concerning thi	s matter to the	following:	
STE	VEN PEREZ			
	Name of Person		_	
EST	EBAN PEREZ LLC			
	Firm/Company	. , .		
918	GRACE AVE			
	Address			
LAK	E WORTH FL 33461			
	City/State and Zip Code			
]	E-mail address: (to be used for future ann	ual report notif	ication)	
For fu	orther information concerning this matter,	please call:		
STE	VEN PEREZ	561 at (667-1593	
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	△ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	
INIJICI	18 (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	ame of the limited liability company:ESTEBAN	PEREZ,LLC		
2. (a)	3550 KIRK RD APT 2	(b) 918 GRACE AVE		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAKE WORTH FL 33461	LAKE V	VORTH FL 33461	
	03/12/2014	 L140000	41866	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ESTEBAN PEREZ			
(-)	Registered Agent and Registered Office shown on the records 3550 KIRK RD APT 2 Registered Office Address (MUST BE FLORIDA STREE	. <u>.</u>		
	LAKE WORTH	_{FL} 33461	- PSE	
(b)	STEVEN PEREZ		Comp. (2007) Comp. (2007) Comp. (2007) Comp. (2007) Comp. (2007)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	13 PM 3: 32	
	NEW Registered Office Address: 918 GRACE AVE		S SAFE	
	910 GRACE AVE		-	
	LAKE WORTH	_{FL} 33461	_	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the registered office liability company, it is of the limited liability	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in whiting of this change.	ngree to act in this cap tie performance of my ded for in Chapter 60 I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
aignatu	are of Registered Agent			
	Division of Corporations • P.O. FILING). Box 6327● Tallaha FEE: \$25.00	ssee, FL 32314	